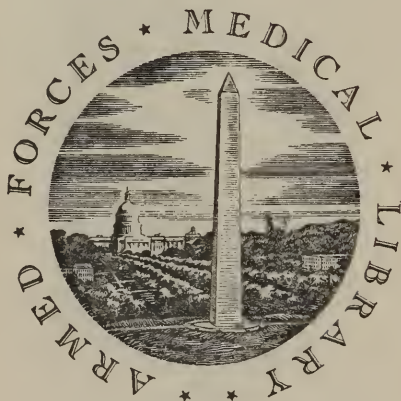






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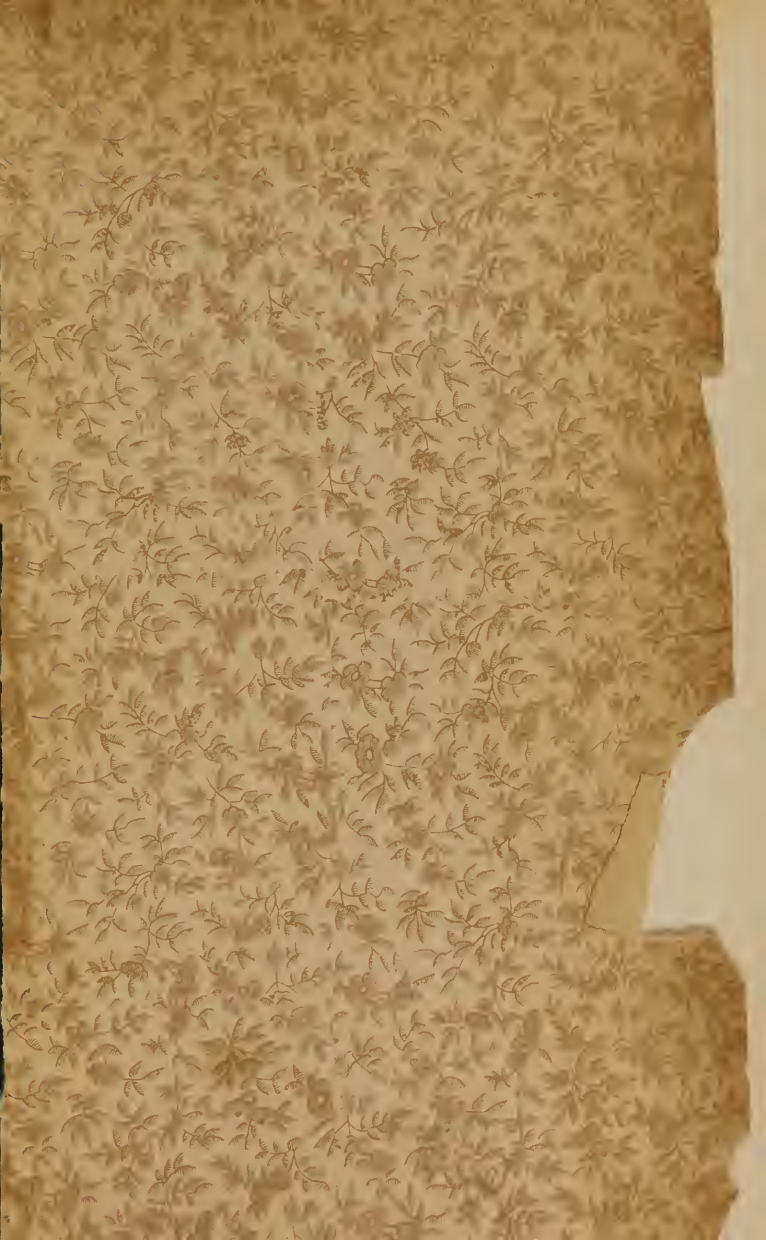
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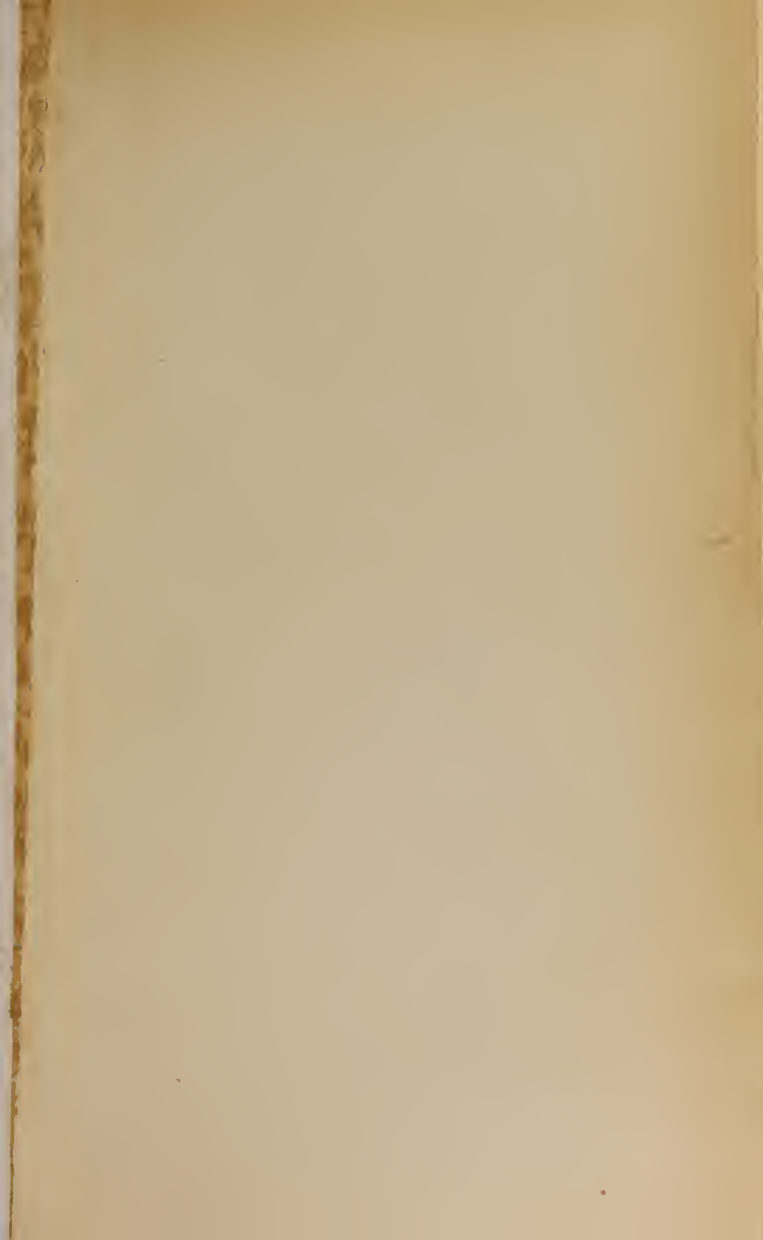
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WASHINGTON, D.C.











THERAPY OF THE CLINICS

OF THE

ROYAL AND IMPERIAL HOSPITAL

OF

VIENNA, AUSTRIA.

TRANSLATED AND REVISED WITH NOTES

FROM THE LAST TWO COMPILATIONS OF

EARNEST LANDESMANN, M.D.,

III

FORMERLY SECOND-ASSISTANT OF THE VIENNA ROYAL AND IMPERIAL HOSPITAL.

BY

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CHICAGO:

FERGUS PRINTING COMPANY.

1897.

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## PREFACE.

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C 31 114 52  
A residence of many years abroad, nearly four of which were passed at the Royal and Imperial Hospital in Vienna, has enabled me to study the treatment practised by the world's greatest authorities, and satisfied me, beyond any possible doubt, that there is no compilation of general medical treatment equal to that of Dr. Landesmann.

Entertaining this view, I have translated and revised the last two editions of his work and blended them into this little book, believing that the world's greatest diagnosticians, from the very nature of things, must necessarily be the greatest therapeutists.

While the greater portion of this work was elaborated by the assistants of the various clinics, and nearly all reviewed and sanctioned by the respective chiefs, I feel that it is my duty to state that too much praise can not be bestowed upon Dr. E. Landesmann for conceiving a work of this kind, which in a moment places the treatment employed in this great hospital before the busy practitioner, thereby lessening his labor.

JOHN H. METZEROTT, M.D.

WASHINGTON, D.C.

July 1, 1897.



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# INTERNAL DISEASES

FROM THE

CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. E. NEUSSER, M.D.

---

**Bronchitis Acuta. Acute Bronchial Catarrh.** In mild cases in which the rales are dry and which run a non-febrile course, one-half a glass of some such mineral water as that of Ems (Kränchenbrunnen) is to be taken mixed with milk. If Laryngitis accompanies Bronchitis, inhalation of the following:

℞ 1 Morphin hydrochlorici, gr. viiss.  
Aque destillatæ, ʒ iij.  
S. Inhale 3 times a day using Siegle steam-atomizer.

If there is a severe cough:

℞ 2  
Codeini Phosphorici, gr. iss.  
Sacchari, ʒ ss.  
M. Div. in dos. No. 10  
S. 1 powder 3 or 4 times a day.

℞ 3  
Extracti Belladonnæ, gr. iss.  
Extracti Hyoscyami, gr. iij.  
Pulveris gummosi, ʒ ij.  
M. F. pulvis. Div. in dos.  
No. 10.  
S. 1 powder 3 times a day.

Or:

℞ 4  
Pulveris Ipecacuanhæ  
opiatæ, ʒ ss.  
Natrii bicarbonici, ʒ j.  
M. Div. in dos. No. 10.  
S. 1 powder 3 times a day.

℞ 5  
Specierum pectorialium, ʒ iss.  
S. Tea. 1 teacupful in the morning, 2 in the evening.

When there is fever, a diaphoretic procedure is indicated.

When the smaller bronchial tubes are involved, the patient is to be confined in bed, cold applications applied to the chest, and the bowels unloaded and kept regular.

When diffuse lobular pneumonic processes are threatened in aged individuals, care is to be taken to maintain the strength of the heart. When this condition is imminent, the following is permissible at all times:

℞ 6      Foliorum Digitalis,                      gr. xxx.  
             F. l. a. Infusion col.,                ʒ xij.  
             Dein adde:

\*Liquoris Ammonii anisati,    ʒ ss.

Syrupi Ipecacuanhæ,            ʒ x.

S. Take half the mixture in the course of a day.

\*Liquor Ammonii Anisati is prepared as follows: Oil of Anise, 1 part, Alcohol, 24 parts; mix and dissolve; then add Water of Ammonia, 5 parts.

As soon as symptoms of collapse set in, stimulants, champagne, and hypodermic injections of Ether-Camphor are to be administered.

℞ 7      Olei camphorati,                      ʒ ij.  
             S. For hypodermic injections.

In all other cases, expectorants only are necessary.

℞ 8  
     Radicis Senegæ,            ʒ ij. to v.  
     F. l. a. Infusum col.,       ʒ vss.  
     Acidi hydrochlorici diluti,  
    gtt. v.  
     Syrupi Senegæ,               ʒ ss.  
     S. 1 tablespoonful every 3  
         hours.

℞ 9  
     Corticis Quebracho,       ʒ ij.  
     F. l. a. Decoctum col.,      ʒ ivss.  
     Syrupi rubi Idæi,           ʒ ij.  
     S. Like the preceding.

If the cough is distressing and annoying, the following:

℞ 10      Morphii hydrochlorici,      gr.  $\frac{3}{4}$   
             Sacchari,                      ʒ ij.  
             M. Div. in dos. No. 10  
             S. 1 powder every 3 hours.

When the cough is dry, the following:

℞ 11      Decocti Althææ,                      ʒ v.  
             Tinct. Opii simplicis,            gtt. xx.  
             Syrupi rubi Idæi,                ʒ v.  
             S. 1 teaspoonful every 2 hours.

- ℞ 12    Aopmorphini hydrochlorici,    (.03 gm.) gr. ss.  
          Morphii hydrochlorici,        (.02 gm.) gr.  $\frac{1}{3}$ .  
          Acidi hydrochlorici, diluti,        gtt. v.  
          Syrupi corticis Aurantiæ,         $\frac{3}{4}$  ss.  
          S. The whole to be taken in one day.

If expectoration is difficult:

- ℞ 13    Acidi benzoici,                    gr. xxv.  
          Sacchari,                        ℥ ij.  
          M. Div. in dos. No. 10  
          S. 1 powder every 3 hours.

A mustard poultice or plaster is also very efficacious.

**Bronchitis Fibrinosa.** Stimulating expectorants are indicated; also the following:

- ℞ 14    Kalii Iodati,                        gr. xv.  
          Aquæ fontis,                     $\frac{3}{4}$  vss.  
          Syrupi corticis Aurantiæ,         $\frac{3}{4}$  ss.  
          S. The whole to be taken in one day.

- ℞ 15    Atropini Sulphurici,    (.01 gm.) gr. 1/7  
          Extracti et pulveris radidis Liquiritiæ qu. s. ut f.  
          pilulæ No. 20  
          S. 1 pill 2 or 3 times a day.

**Bronchitis Chronica. Chronic Bronchial Catarrh.** The etiological factors are to be borne in mind (deformities of the thorax, weak muscular development, the fatty diathesis, diseases of the heart, pleural and pulmonary affections which have run their course, nephritis, ascites, potatorium, toxic influences, especially tobacco, iodine and bromine vapors, sedentary habits, and working or dwelling in dusty and poorly ventilated quarters). The therapy will depend entirely upon the cause. Exercise in the open air, gymnastics, especially those tending to develop the chest, inhalations of compressed air (Pneumatic Cabinet), frequent ventilation of the rooms and the prevention of the air becoming dry by placing vessels filled with water on the stoves or heaters are measures which should be highly recommended. Treatment at the springs of Marienbad (Bohemia) may be recommended to fatty patients; also, the administration of Thyroid tablets to reduce the fat.

- ℞ 16      Tabularum glandulæ thyreoideæ, (a .25 gm.)  
                     No. 100  
             S.    1 tablet 3 to 6 times a day.

Weak and greatly run-down patients, on the other hand, should be sent South, especially to the sea-shore; in Europe to Riviera di Ponente, Ajaccio (Corsica), and Egypt. Of the sanatoria, for the treatment of pulmonary affections, Reichenhall, Gmunden, Ischl, Aussee, Gastein, Gleichenberg, Gieshübl, Selters, Ems, and Bilin may be highly recommended; also, sojourns in the highest Alpine villages.

- ℞ 17  
 Radicis Ipecacuanhæ, gr. ix.  
 F. l. a. Infusum col., ʒ vss.  
 Tartari stibiati, gr.  $\frac{3}{4}$   
 Syrupi capillorum  
                     \*Veneris, ʒ ss.  
 S.    1 tablespoonful every 2  
       hours.

- ℞ 18  
 Extracti Hyosciami, gr.viiss.  
 Pulveris radicis  
                     Ipecacuanhæ, gr.vi.  
 Elæosacchari Fœniculi  
                     (or sacch. lact.), ʒ ij.  
 M.    Div. in dos. No. 20  
 S.    1 powder 3 times a day.

\*Syrup of Maiden-hair. Make an infusion of one part of the drug (Adiantum) and 15 parts of boiling water and dissolve in 10 parts of the strained liquid 18 parts of sugar.

When the secretions are dry, the following:

- ℞ 19      Ammonii chlorati  
             Succi Liquiritiæ,                      āā gr. lxxv.  
             Aquæ Fontis,                              ʒ vj.  
             S.    1 tablespoonful every 2 hours.

If the cough is very severe, the following:

- ℞ 20      Morphii hydrochlorici,                      gr. iss.  
             Aq. Amygdalarum amararum, dilutæ, ʒ iiss.  
             S.    15 drops 3 times a day.
- ℞ 21      Tincturæ Belladonnæ,                              ʒ iss.  
             Aquæ Laurocerasi  
             Aq. Amygdalarum amararum, dilutæ,    āā ʒ iij.  
             S.    Like the preceeding.

If the secretion is very profuse, the patient may be given to inhale a 5-per-cent solution of Alum or Tannic Acid, or:

- ℞ 22      Zinci sulphurici,                      gr. xv.  
             Aquæ destillatæ,                      ʒ iij.  
             S. Inhalations.

The other expectorants usually employed are the same as those used in Acute Bronchitis.

If the expectoration is fœtid, the following:

- ℞ 23      Olei Terebinthinæ rectificati,                      ʒ j.  
             S. 10 drops placed in a vessel filled with steaming water. Inhale morning and evening.
- ℞ 24      Olei Pini pumilionis etheri,                      ʒ ss.  
             S. To be used like the preceding.
- ℞ 25      Acidi carbolici,                      gr. viiss.  
             Ichthyoli,                      gr. lxxv.  
             Spiritus vini,                      ʒ iiss.  
             Aquæ destillatæ,                      ʒ iij.  
             S. Inhale, using Siegle steam-atomizer.

**Asthma Nervosum or Bronchiale.** The etiological factors (a genital, abdominal or nasal affection, intoxication with lead, mercury, etc.) must be considered.

A change of air, especially to the sea-shore may be recommended. Whether a high or low altitude is advisable can be determined only by the patient himself. During the attack, fresh air, drinking black coffee or the administration of the following may be tried:

- ℞ 26      Amyleni nitrosi,                      gtt. v.  
             D. t. dos. in capsulis vitreis No. 10  
             S. Crush a pearl in a handkerchief and hold close to the patient's mouth.
- ℞ 27      Amyleni nitrosi,                      ʒ iiss.  
             S. Inhale 3 to 5 drops during an attack.
- ℞ 28      Pyridini pur.,                      ʒ ij.  
             S. 10 to 20 drops mixed with 1½ ounces of water.  
             Inhale, using Siegle steam-atomizer.

- ℞ 29 Chlorali hydrati, gr. xlv.  
 Mucilaginis Gummi Arabici, ʒ v.  
 S. Take half at once; the remainder, if necessary,  
 in tablespoonful doses at intervals of an hour.

Inhalations of Morphium (see Bronchitis Acuta), Chloroform, and Ether may be tried, as well as smoking Stramonium, or Grindelia and Cannabis Indica Cigarettes.

- ℞ 30 Quinini bromati, ʒ ij.  
 Div. in dos. No. 12  
 S. 1 powder in a wafer, 2 to 3 hours before an  
 expected attack.

As regards the rest of the treatment, Arsenic and preparations of Iodine may be tried.

- ℞ 31 Pilularum Asiaticarum No. 100  
 S. 1 pill daily for 4 days; then increase the dose  
 1 pill every fourth day until 13 pills per day are  
 taken. The pills must not be stopped suddenly  
 but reduced in the same way This should be  
 noted on prescription so as to avoid all danger of  
 Arsenical poisoning.
- ℞ 32 Solutionis arsenicalis, Fowleri, ʒ ij.  
 Tincturæ Valeriannæ Etherææ, ʒ iv.  
 S. Take 8 drops the first day, then increase dose  
 2 drops daily until 30 drops per day are taken.
- ℞ 33 Acidi arsenicosi, .06 gm.  
 Extracti et pulveris radiceis Acori q. s. ut f. pilulæ  
 No. 30  
 S. 2 pills daily; increase gradually to 6 per day.
- ℞ 34 Kalii (or Natrii) Iodati, gr. lxxv.  
 Aquæ destillatæ, ʒ ij.  
 Syrupi Mororum, ʒ v.  
 S. 1 tablespoonful 3 times a day.
- ℞ 35 Natrii Iodati, ʒ iiss.  
 Natrii bicarbonici, ʒ ss.  
 M. Div. in dos. No. 10  
 Dent. in capsulis amylaceis.  
 S. 1 capsule 2 or 3 times a day.

Of late, Atropine pills (see Bronchitis Fibrinosa) have been considerably used.

**Tussis Convulsiva. Whooping-Cough.** A change of locality is preferable to everything else; the room should be thoroughly ventilated and the patient isolated; everything the patient may have come in contact with should be carefully disinfected (the carpets, curtains, and linen of the room should be disinfected with a 1-1000 Lysol solution). Spray the sick-room with a 5-per-cent Carbolic Acid solution. Little children should be frequently carried about during the day. During the Catarrhal stage, when the diagnosis is uncertain, the treatment should be the same as for Acute Bronchial Catarrh (which see).

During the Stadium Convulsivum, the following:

℞ 36      Radicis ipecacuanhæ (according  
                  to age of the child),      gr. iss to gr. viij  
            F. l. a. Infusum col.                      ʒ iiss  
            Syr. Althæa,                                      ʒ ss  
            S.    1 teaspoonful every hour.

Likewise Quinine muriate or sulphate, one decigram (equals  $1\frac{1}{2}$  gr.) for each year of the child's age, but not more than  $1\frac{1}{2}$  grams (22 gr.) per day.

℞ 37      Natrii bromati,  
            Ammonii bromati,                                      āā ʒ ss  
            Extracti Belladonnæ,                                      gr.  $\frac{1}{3}$   
            Aq. Amygdalarum amararum dil.,                      ʒ j  
            Aq. Fontis,    ʒ ij  
            Syr. rubi Idæi,    ʒ v  
            S.    1 dessertspoonful every 2 hours.

Likewise Antipyrin, of which as many centigrams (one centigram equals  $1/7$  of a grain) may be given per day as the age of the child is in months, or, as many decigrams (one decigram equals  $1\frac{1}{2}$  grains) as the age of the child is in years. During the Stadium Decrementi, a nutritious diet and wine should be prescribed, also Iron, Condurango or Quinine-Wine with Malaga.

- ℞ 38      Tincturæ ferri pomatæ,      ʒ iss.  
S.    Take 10 drops after the noon-day meal.

**Bronchiectasia. Dilatation of the Bronchial Tubes.** To greatly debilitated patients, nutritious food and tonics should be given; also, expectorants (see *Bronchitis Acuta et Chronica*) for the purpose of assisting the expulsion of the contents of the cavities and for the prevention of decomposition of the secretions. Inhalations of *Oleum Terebinthinæ Rectificat.* or of *Carbolic Acid* (1 per cent) are advisable. The latter may also be given internally:

- ℞ 39      Acidi carbolici,      ʒ iiss.  
            Extracti et succi radiciis Liquiritiæ qu. s. ut f. Pilulæ  
            No. 100.  
            1 pill 3 times a day.
- ℞ 40      Myrtholi,      ʒ j.  
            Divide in dos. No. 40.  
            Dent. in capsulis gelatinosis.  
S.    1 capsule 3 times a day.

**Emphysema Pulmonum. Emphysema of the Lungs.**  
In Vesicular Emphysema, resulting from chronic catarrh, cough, violent straining movements, constipation, over-exertion in playing wind-instruments, singing, screaming, and mountain-climbing—these factors should be considered and the therapy directed toward the causative agents. In Essential Emphysema in which the dyspnœa, which it gives rise to, is the principal symptom, the following may be tried:

- |   |  |
|---|--|
| <p>℞ 41</p> <p>Extracti Quebracho,      ʒ j.</p> <p>Aq. fontis,      ʒ ivss.</p> <p>Syrupi Althææ,      ʒ ss.</p> <p>S.    Tablespoonful every 3 hrs.</p> | <p>℞ 42</p> <p>Liq. arsenicalis, Fowleri,      ʒ ss.</p> <p>S.    From 5 drops per day, increase dose gradually to 20 drops per day.</p> |
|---|--|

Inhaling compressed air and exhaling into rarified air, by means of the apparatus devised for that purpose, may be highly recommended.

Whenever the catarrhal symptoms become most prominent, the catarrh should be treated (see *Bronchitis Acuta et Chronica*).



**R̄ 43**

Extracti Belladonnæ, gr. iss.  
 Pulv. rad. Ipecacuanhæ, gr. iij.  
 Pulveris gummosi,  
 Sacchari lactis, āā 3 ss.  
 M. Div. in dos. No. 10.  
 S. 1 powder 3 times a day.

**R̄ 44**

Ammonii chlorati, gr. xlv.  
 Extracti Hyosciami, gr. ivss.  
 Pulveris et extracti radicis  
 Rhei qu. s. ut f. Pilulæ No.  
 50.  
 S. About 3 pills 3 times a day.

In a well-progressed Emphysema, characterized principally by symptoms of an uncompensated valvular lesion, cardiac stimulants (see Vitium Cordis) should be administered—best in conjunction with expectorants. When narcotics are administered, especially Morphia, the greatest care must be exercised. If Hydrops develops, in addition to the cardiac remedies, the following should be administered:

**R̄ 45**

Liquoris Kalii acetici, 3 iij.  
 Tincturæ Scillæ, 3 iiss.  
 S. 1 teaspoonful 3 times a day.

**R̄ 47**

Diuretini, gr. xxxv. to lxxxiv.  
 Aq. fontis,  
 Aq. Menthæ piperitæ, āā 3 xv.  
 Syr. corticis Aurantiæ, 3 iv.  
 S. 1 tablespoonful every 3  
 hours.

**R̄ 46**

Aq. petroselini, 3 v.  
 S. The whole to be taken in  
 one day.

**R̄ 48**

Calomelanos,  
 Sacchari, āā gr. iij.  
 M. Dent. t. dos. No. 9,  
 S. 1 powder 3 times a day.

**Œdema Pulmonum. Edema of the Lungs.** As it occurs through stasis in circulatory and pulmonary diseases. Great care must be taken to maintain the action of the heart. Febrile patients and those in a state of apathy should be induced to take deep inspirations; aged patients to frequently assume an upright, sitting posture, or to change from side to side.

When Œdema has set in, a hypodermic injection of Camphor should be administered and the body enveloped in wet sheets and briskly rubbed. A vinegar enema (equal parts of vinegar and water) should be given and mustard poultices and fly-blister applied.



from a pulmonary affection or a hemorrhagic diathesis, cracked ice and ice-cold salt water should be given, and the following injected hypodermically:

℞ 54      Solut. Ergotin de Bombelon lagenulam.  
D.    Only in the hands of a physician.

One-half of a hypodermic-syringeful (7 m.) of the above, or of Ergotine, to which an equal amount of water (sterilized if possible,) has been added, may be injected; in other cases, half of a hypodermic-syringeful (7 m.) of a 1-per-cent solution of Morphia acts better.

Internally:

℞ 55  
Plumbi acetici,                      gr. ivss.  
Morphii muriatici,                gr.  $\frac{3}{4}$   
Sacchari,                              ʒj.  
M. Div. in dos. No. 10.  
S.    1 powder every hour.

℞ 56  
Extract. hæmostatici,            ʒ ss.  
Morphii muriatici,                gr.  $\frac{3}{4}$ .  
Aq. fontis,                           ʒ vss.  
Syrupi rubi Idaei,                ʒ ss.  
S.    1 tablespoonful every 2  
          hours.

℞ 57  
Liq. ferri sesquichlorati, ʒj.  
Tinct. Opii simpl.,                gtt. xv.  
Aq. fontis,                           ʒ v.  
Syr. Cinnamomi,                ʒ v.  
S.    1 tablespoonful every 2  
          hours.

℞ 58  
Ergotin.                                gr. xxvij.  
Morphii muriat.,                gr.  $\frac{3}{4}$ .  
Aluminis crudi.  
Sacchari,                            āā ʒ ss  
M. Div. in dos. No. 10.  
S.    1 powder 6 times a day.

In Hæmoptysis, due to an affection of the heart (Hæmorrhagic Infarct), cardiac stimulants (see Vitium Cordis) should be prescribed. Several days after Hæmoptysis has ceased, the treatment of the causative affection may be commenced or again continued.

**Pneumonia Crouposa. Inflammation of the Lungs.** In the commencement of the affection, the sharp pains in the chest are best mitigated by the application of an ice-bag or the Leiter metallic coil. To quench the great thirst, which usually is present, the following may be highly recommended.

## R 59

Acidi phosphorici diluti, 3 j.  
 Syrupi rubi Idæi, 3 x.  
 S. To be taken diluted with  
 water.

## R 60

Succi citri, 3 ss.  
 Syrupi rubi Idæi, 3 j.  
 S. Like the preceding.

From the very commencement of the affection, wine or brandy should be given in large doses (from  $1\frac{1}{2}$  to  $4\frac{1}{2}$  oz.), also, a nutritious diet consisting of milk, eggs, wine, broths, and if requested by the patient, easily digested meats, (white meats, chicken *hachée*).

## R 61

Vitelli ovi unius.

Vini Cognac, 3 v.

S. The whole to be used in one day.

It is best not to treat the fever at all, on account of its short duration. If an antipyretic is to be given, Quinine (15 grains per day,) is preferable, but Antipyrin may also be administered (with the greatest care, however, on account of the readiness with which it may bring on collapse). Whenever the temperature rises above  $102.2^{\circ}$  F., baths, at a temperature of  $86^{\circ}$  F. which should be reduced rapidly to  $72.5^{\circ}$  F., and cold douching of the neck and trunk are advisable. When the affection has reached its highest inflammatory point, the cardinal rule is the PRESERVATION OF THE ACTIVITY OF THE HEART. When the action of the heart commences to fail, the following should be administered:

## R 62

Foliorum Digitalis, gr. xv.  
 F. l. a. Infusium col., 3 vss.  
 Liquor Ammoni anisati, gtt. xv.  
 Syrupi rubi Idæi, 3 ss.  
 S. 1 tablespoonful every three hours.

During the stage of Lysis, expectorants such as Senega, Ipecacuanha, Apomorphin, Acidum Benzoicum, etc. (see *Bronchitis Acuta*), should be administered.

In the Pneumonias occurring in the aged, the greatest attention should be paid to the pulse and expectoration.

℞ 63      Liqu. Ammonii anisati,                      ʒ ss.  
               Mixturæ oleosæ,                              ʒ ivss.  
               Syrupi Senegæ,                                ʒ v.  
               S.    1 tablespoonful every 2 hours.

Whenever pulmonary Œdema is threatened, Camphor should be given internally and subcutaneously (see Œdema Pulmonum).

When Delirium Tremens developes in a Pneumonia Potatorum, the following is advisable, provided the action of the heart is not impaired:

<p>℞ 64          Chlorali hydrati,                      gr. xlv.          Mucilag. gumm Arabic.          Mixturæ gummosæ,      āā ʒ ij.          S.    Half to be taken at once,                the balance in tablespoonful                doses at intervals of 2 hours.</p>	<p>℞ 65          Opii in pulvere,                      gr. v.-viij.          Sacchari,                                ʒ j.          M. Div. in dos. No. 12.          S.    In the evening from 2 to                3 powders.</p>
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When there are symptoms of Meningeal irritation an ice-bag should be placed upon the head and laxatives or enemata administered.

**Pneumonia Catarrhalis.** When multiple infiltrations occur, which is especially the case in the aged, rest in bed is indicated, also excitantia, wine, brandy, and expectorants. Locally the application of Sinapisma is advisable. Lobular Pneumonia (such as develops in the course of an influenza infection,) should be treated in the same way as a Croupous Pneumonia. In the commencement the following should be tried:

<p>℞ 66          Salipyrini,                              gr. lxxv.          Div. in dos. No. 10.          S.    1 powder every 2 hours.</p>	<p>℞ 67          Natrii salicylici,                      ʒ iss.          Div. in dos. No. 12.          S.    1 powder 6 times a day.</p>
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Furthermore Diaphoretics:

℞ 68      Florum Tilæ,                      ʒ iss.  
               Tea.

**Gangræna Pulmonum.** Gangrene of the Lungs. A nutritious diet consisting principally of milk, eggs, meat broths, and roasted meats should be prescribed. The lungs should be disinfected by inhalations of the following:

- |      |                            |                   |
|------|----------------------------|-------------------|
| ℞ 69 | Acidi carbolici,           | gr. viij. to xxx. |
|      | Spiritus vini rectificat., | 3 iij.            |
|      | Aquæ destillatæ            | 3 iij.            |
|      | S. For inhalation.         |                   |

The remedies mentioned under Bronchitis Chronica may likewise be inhaled. Internally, Myrthol may be prescribed (see Bronchiectasia).

- |       |                                      |             |
|-------|--------------------------------------|-------------|
| ℞ 70  | Corticis Cinchonæ,                   | 3 ij. to v. |
|       | F. l. a. Decoctum col.,              | 3 vss.      |
| Adde: | Tinct. nervino-tonicæ Bestuscheffii, | 3 ss.       |
|       | Syrupi Althææ,                       |             |
|       | Aquæ Cinammomi,                      | āā 3 ss.    |
|       | S. 1 tablespoonful every 2 hours.    |             |
| ℞ 71  | Vini Condurango,                     | 3 ij.       |
|       | S. 1 cordial-glassful 3 times a day. |             |

The expectorated matter should be deodorized with Permanganate of Potash, Chlorate of Lime, or Animal Charcoal.

**Abscessus Pulmonum.** A nutritious diet, wine and brandy should be prescribed, and disinfecting and deodorizing agents inhaled (see Bronchitis Chronica and Gangræna Pulmonum). Internally, preparations of Quinine, Condurango, and Iron should be administered.

- R̄ 72    Olei Morrhuae,                      ℥ iij.  
S. Mornings and at noontime, 1 tablespoonful in  
some suitable vehicle, preferably soup.

The remaining treatment is surgical, especially when a perforation is threatened.

**Echinococcus Pulmonum.** A trial should be made to cause the parasite to die with inhalations of Ether, Oil of Turpentine, Benzine, or the internal administration of the following:

- |   |  |
|---|--|
| <p><b>Rx 73</b><br/>         Kalii Iodati, gr. lxxv.<br/>         Aq. fontis, 3 vss.<br/>         Syrup. ferri Iodati, 3 iiss.<br/>         S. 1 tablespoonful every 2 hrs.</p> | <p><b>Rx 74</b><br/>         Hydrargyri Iodati flavi, gr. ix.<br/>         Succī et extr. Liq. qu. s. ut f.<br/>         pilulæ No. 30.<br/>         S. 1 pill 3 to 6 times a day.</p> |
|---|--|

The only radical treatment is the surgical.







The climatic sanatoria in Europe are as follows: In winter, the Riviera, San Remo, Nice, Mentone, Nervi, Spezia, Cannes; furthermore Ajaccio, Palermo, Catania, Malta, Algiers, Madeira, Egypt. In the fall and spring of the year, Meran, Gries, Bozen, Arco, Montrenx, Abbazia, and Lussinpiccolo, are very popular; in summer, the sanatoria of the Salzkammergut (Aussee, Ischl, Gmunden, likewise Gleichenberg, Radegund, and Kreuth (Bavaria)).

When hemorrhages are absent and there are no symptoms indicating an involvement or a concomitant affection of the heart and no anemia of a high grade is present, the sanatoria having high altitudes, such as Davos, St. Moritz, St. Gallen, etc., may be highly recommended. These are especially suitable in the commencement of a climatic treatment, especially in summer. It is advisable to continue this form of treatment during the whole year. Prolonged journeys upon the ocean are very beneficial and frequently effect cures. The food of a consumptive should be as abundant and nutritious as possible, and consist principally of milk (to which brandy, alkaline mineral water or salt may be added, if the milk by itself is unpalatable to the patient), roasted white meats, eggs, Pilsner beer, Malaga, and claret in moderate quantities.

Over nutrition (as practised in some of the leading sanatoria) and likewise, grape-cures at Meran and Bozen, and milk, kumys, and kefir-cures, may be highly recommended.

Inhalations of the oil of the European Larch (*Larix Europæa*) are excellent.

Every complication which may develop in the course of a Tuberculosis of the lungs (Laryngitis, Pleuritis, Pneumothorax,) is to be treated symptomatically. Aspiration Pneumonia should be treated, with the necessary changes from day to day, in the same way as Croupus Pneumonia (which see). Whenever the heart becomes weak, *Digitalis* should be administered. The other conditions may be relieved by prescribing expectorants, alcoholics, etc. In the most severe form of Phthisis, it is not always possible or advisable to direct the therapy toward the causative factor. In such cases, the first indications are to relieve the different symptoms as they arise—the discomforts and especially the pains.

To diminish the night-sweats it is advisable to wash the body with cold water, or with vinegar-water (4 parts of vinegar to 2 of water), or with bay rum, or sage tea. Dusting powder over the body may also be tried, for instance, the following:

℞ 83      Acidi salicylici,                      gr. xlv.  
              Amyli,                                      ʒ iiss  
              Talci veneti,                              ad ʒ iiss.  
              M. S. Powder.

Internally:

℞ 84  
 Foliorum Salviæ,                      ʒ ij.  
 F. l. a. Infusum col.,                  ʒ iiss.  
 Syrupi acetosi Citri,                  ʒ iij.  
 S. To be taken cold at night.

℞ 85  
 Agaricini,                                  gr. iss.  
 Pulveris Doveri,                        gr. xv.  
 Pulv. et extr. Acori, qu. s. ut  
     f. pilul. No. 20.  
 S. Evenings, 1 or 2 pills.

℞ 86  
 Atropini sulphurici,                      gr.  $\frac{3}{4}$   
 Aq. fontis.  
 Syrupi rubi Idaci,                        ʒ iij.  
 S. 10 to 12 drops at night.  
     Or Atropine pills (see Asthma Bronchiale) are to be given at night.

℞ 87  
 Kalii or Natrii tellurici, gr. iij.  
 Argillæ qu. s. ut f. pilulæ No. 20.  
 S. From 1 to 3 pills 3 hours before the expected attack.

When there is a loss of appetite and there are digestive disturbances (providing the same are not caused by Neuritis of the Pneumogastric, through pressure, etc., of the process upon the nerve) the following should be prescribed:

℞ 88  
 Tinct. ferri pomatæ.  
 Tinct. amaræ,                              āā ʒ ss.  
 S. 10 to 15 drops 3 times a day.

Or ℞ 89  
 Pepsini Germanici,                        ʒ iss.  
 D. in scatula.  
 S. From 3 to 5 grains before meals.

It is advisable to give the following in conjunction with ℞ 88 and ℞ 89:

℞ 90

Acidi hydrochlor. diluti, 5 ss.  
S. 10 to 15 drops half an hour  
after meals.

℞ 91

Extract. Malti, 5 iij.  
S. 1 teaspoonful in a glass of  
milk or a plate of soup sev-  
eral times during the day.

Constipation is best relieved by prescribing a proper diet (fruit or fruit juices) or enemata (Olive Oil, ounces 6) or by clysters of cold water. The internal administration of cathartics is to be avoided if possible. When diarrhoea is present, Priessnitz's Compresses should be placed upon the abdomen, rest in bed should be taken, or opiates administered.

℞ 92

Acidi tannici.  
Extract. Colombo, āā gr. iij.  
Extract. Opii, gr. ½.  
Dent. talia dos. No. 10.  
S. 1 powder 3 times a day.

℞ 93

Bismuthi salicylici, 3 ij.  
Div. in dos. No. 10.  
S. 1 powder 3 to 6 times a  
day.

The following is especially indicated in ulcerations of the intestines:

℞ 94

Acidi lactici, ʒj. to 5 ss.  
Aq. fontis, 5 vss.  
Syrupi Diacodii, 5 v.  
S. The whole to be taken in a day.

For the fever, 7½ grains of Quinine or Antipyrin, or 4 grains of Phenacetin may be given in the afternoon, or the patient may be enveloped in moist sheets.

Intestinal enemata of a one-half-per-cent solution of Tannic Acid or Acidum Salicylicum may likewise be highly recommended. If the expectoration is very profuse, alkaline mineral waters, such as Emser, Giesshuebler, Seltzer, etc., and also expectorants (see Bronchitis), should be prescribed, and when there is a distressing cough, narcotics.

℞ 95

Extracti Belladonnæ, gr. iiss.  
Elæosacchar. Cinnamomi (or sacch. lact.), 3j.  
M. Div. in dos. No. 10.  
S. 1 powder 3 times a day.

- ℞ 96      Extracti Hyosciami,      gr. iij.  
              Extracti Cannabis Indicæ,      gr. viiiss.  
              Elæosacchar. Menthæ piper,      3j.  
              M. Div. in dos. No. 10.  
              S. 1 powder 3 times a day.
- ℞ 97      Decocti Althææ      3 v.  
              Morphii muriat,      gr.  $\frac{1}{6}$  to gr.  $\frac{2}{3}$   
              Syrupi Aurantiorum,      3 v. <sup>a</sup>  
              S. The whole to be taken in a day.

For insomania, the following:

- |      |   |          |
|------|---|----------|
| R 98 | Paraldehydi,  | 3j.      |
|      | Mucilag. Salep,                                       |          |
|      | Syrupi cort. Aurantiæ,                                | āā 3 ss. |
|      | Aquæ fontis,  | 3j.      |
|      | S. Take half at once, the balance 2 hours thereafter. |          |

- |  |  |
|--|--|
| <p>℞ 99<br/>Sulfonali, 3 iiss.<br/>Div. in dos. No. 10.<br/>S. Take 1 or 2 powders at night.</p> | <p>℞ 100<br/>Trionali, 3 iiss.<br/>Divide in doses No. 10.<br/>S. Take 1 or 2 powders in a glass of milk or a plate of soup.</p> |
|--|--|

The Hydrate of Chloral (see Asthma Bronchiale,) may also be given. For the hemorrhage from the lungs, see Hæmoptysis.

**Pleuritis.** Inflammation of the Visceral and Parietal Pleura. The treatment is to be purely symptomatic. In Pleuritis Sicca, the sharp pains are best relieved through cataplasma. These are most effective when the process is far advanced. The ice-bag, Leiter's metallic coil, local bleeding, and, when the pain is very severe, the injection of one-eighth grain of Morphia may also be recommended.

- |   |  |
|---|--|
| <p>℞ 101<br/>         Farinæ placentarum Lini, ʒvi.<br/>         S. For making poultices.</p> | <p>℞ 102<br/>         Chartæ sinapisatæ frustum.<br/>         S. Moisten and apply to the<br/>         chest for half an hour.</p> |
|---|--|

Furthermore, salves :

℞ 103	Mentholi,	gr. viij.
	Cocaini hydrochlorici.	
	Morphii hydrochlorici,	āā gr. iss.
	Unguent. simpl.,	℥ iss.
	M. S. Salve.	

In Pleuritis Exudativa (in the beginning), rest in bed is imperative. The pains in the chest should be combated as previously stated. If Rheumatism is believed to be the cause, the following should be prescribed:

℞ 104	Natrii salicylici,	℥ iss.
	Div. in dos. No. 12.	
	S. Give 6 to 8 powders daily at intervals of an hour.	

Only in extreme cases should medicaments be prescribed for the fever. On these occasions, Quin. Sulph., grain  $7\frac{1}{2}$ , or the same amount of Antipyrin, are to be given three times a day. During the second or third week, the following should be administered for the purpose of assisting absorption of the exudate:

℞ 105	Natrii Iodati,	℥ j
	Aq. fontis,	℥ iiss.
	Oxymellis Scillæ,	℥ x.
	S. 1 tablespoonful every 3 hours.	

Furthermore, diuretics (see Nephritis):

℞ 106	Natrii chlorati.	
	Sacchari,	āā gr. lxxv.
	M. Div. in dos. No. 10.	
	S. 1 powder every 2 hours.	

If the patient is not greatly debilitated, the following:

℞ 107	Pilocarpini hydrochlorici,	gr. iss.
	Aquæ destillatæ,	℥ iiss.
	S. Inject 1 hypodermic-syringeful (15 M) daily.	

Collapse may be prevented by the administration of brandy, champagne, etc.

Depletion through the intestines may be tried.

℞ 108 Aloes, gr. xv.  
 Extracti radicis Rhei, gr. xxx.  
 Saponis medicati, qu. s. ut f. pillulæ No. 20.  
 ConspERGE pulvere radicis Liquiritæ.  
 S. 1 pill 2 to 4 times a day.

If the pleuritic exudate gives rise to grave symptoms of compression, or if no absorption of the exudate takes place after the third or fourth week, a *Punctio Thoracis* (preceded by first withdrawing fluid with hypodermic syringe,) is indicated. For this purpose the apparatus of Dieulafoy and the flask of Potain should be employed. About three pints should be withdrawn at a time. [Not more at a time on account of the danger of withdrawing too great a quantity, and also, because it has been found that when even a small portion of a serous pleuritic exudate is withdrawn absorption of the remainder takes place at times quite readily.—Metzerott.] Great care also should be taken on account of albuminous expectoration which may take place when there is a *Concretio Peri-cardii Cum Corde*. If after a paracentesis, violent coughing sets in, or albuminous expectoration, cardiac stimulants, restoratives and narcotics should be administered; likewise, hypodermic injections of Camphor whenever the urgency of the case demands (see *Bronchitis Acuta*).

In *Pleuritis Purulenta* (*Empyema*) the treatment is surgical.

**Pneumothorax.** In a complete, fresh, unilateral *Pneumothorax*, excitantia and stimulants should be administered to maintain the heart; likewise, Camphor or Ether injections.

For the severe dyspnœa, or the distressing feeling of oppression, hypodermic injections of Morphia will be found the best remedy.

℞ 109 Morphii hydrochlorici, gr. iss.  
 Aq. dest., ʒ iiss.  
 S. 1 to 2 hypodermic-syringefuls (from 15 to 30 M) daily.

If there are very pronounced symptoms of displacement and compression, the thorax should be punctured and the air withdrawn with a troicar, previously thoroughly sterilized by boil-

ing in Carbolic Acid. In chronic Pneumothorax, the treatment should be purely symptomatic.

**Tumors of the Pleura.** The pains which they produce may be relieved by administering narcotics. If a Plenritis develops as a complication, it should be treated as previously stated (see Pleuritis). If there is an exudate, it may be advisable to remove the same.

**Tumor Mediastini.** If the nature of the tumor can not be ascertained, an antisyphilitic treatment should be prescribed. An inunction treatment (see Syphilis) should be tried first, or hyperdermatic and intra-muscular injection of the following should be given:

**Rx 110**

Hydrarg. bich. corros.  
Natrii chlorati,      āā gr. iss.  
Aq. dest.,              5 iiss.  
S. For hypodermic injections,  
daily, or every other day.

**Rx 111**

Hydrarg. sozoiodolici, gr. xij.  
Kalii Iodati,              gr. xxiv.  
Aq. dest.,              5 iiss.  
S. 1 hypodermic-syringeful  
(15 M) every 5th day.

**Rx 112** Hydrarg. bichlor. corr.

Natrii chlorati,              āā gr. viiss.  
Aq. dest.,              5 iiss.

S. Once a week a hypodermic-syringeful is to be injected in the deep tissues of the Gluteal Region.

In every form of Mercurial Treatment, in order to prevent the development of a Stomatitis Mercurialis, the greatest care is to be taken of the mouth (cleansing of the teeth, gargling with solutions of Permanganate of Potash, or Tannic Acid—1:200).

For the attacks of dyspnœa, which at times are extremely severe, for Singultus and spasm of the Constrictor Muscles, for the pain and insomnia, narcotics are to be given freely. For this purpose, Morphia is by far the best. It is to be given in solution (one-half to two-third grains per day), internally or subcutaneously. If the tumor is a Lymphoma Malignum, Fowler's solution of Arsenic should be prescribed:

- ℞ 113 Solutionis arsen. Fowleri,  $\bar{5}$  ij.  
 Aq. dest.,  $\bar{3}$  ss.  
 S. From 5 drops increase dose 1 drop a day to  
 30 drops.

**Pericarditis. Inflammation of the Pericardium.** In Pericarditis Rheumatica, the Salicylate of Sodium (see Pleuritis) is to be prescribed. The patient should be placed in bed with the head lying low. An upright or sitting posture must not be assumed too rapidly, for the reason that an anæmia of the brain or a cardiac insufficiency may set in. The diet should consist principally of milk, eggs, and soup. For the purpose of maintaining a soft stool, apple sauce or apple butter, or stewed prunes or enemata of glycerine, or the following, are to be given:

- ℞ 114 Fol. Sennæ,  $\bar{5}$  iiss. to v.  
 Aq. fontis,  $\bar{3}$  vi.  
 S. Enemata.

Wine and lemonade may be given to quench the thirst. Large quantities of liquids should be avoided (see Pneumonia).

During the commencement of the affection, leeches should be applied.

For severe pains, an ice-bag or Leiter's metallic coil should be placed on the Præcordial Region, or Morphi-um should be given, cupping resorted to; or

- ℞ 115 Morphii muriat., gr.  $\frac{3}{4}$   
 Unguent. Digitalis, gr. lxxv.  
 Unguent. simpl.,  $\bar{3}$  iss.  
 S. To be rubbed over the Præcordial Region.

If the heart becomes weak, Infus. Digitalis 1:180 may be administered (but with the greatest care, however), or Tinct. Stroph. or Convallaria Majalis (15 M a day).

In addition to the preceding remedies, heavy wine (sherry) and other stimulants (see Edema Pulmonum) should be given.

- ℞ 116 Vini Malacensis,  $\bar{3}$  viij.  
 S. 3 teaspoonfuls daily.



If the fever is very high, the following, internally:

**R 117**

Phenacetini, 3 ss.  
Div. in dos. No. 8.  
S. 1 powder 4 times a day.

For the purpose of promoting absorption of the exudate:

**R 119**

Iodi puri, gr. vj.  
Kalii Iodati, 3 j.  
Unguent. emollient., 3 x.  
S. Salve.

Or **R 118**

Antipyrini, gr. xlv.  
Aq. fontis, 3 iij.  
S. Enema. Taken lukewarm.

Internally mild diuretics:

**R 120**

Decoct. Equiseti (1:9), 3 vj.  
Liq. Kalii acetici.  
Oxymellis Scillæ, āā 3 ss.  
S. 1 tablespoonful every 2 hours.

Or diaphoretics.

If the amount of the exudate increases very rapidly, and thereby endangers life, the Pericardium must be punctured.

**Endocarditis Acuta.** If Articular Rheumatism or Malaria are the etiological factors, the therapy should be directed toward the treatment of the cause (see Rheumatism or Malaria). Under other conditions, Quinin. Mur. or Quinin. Bromat. in doses of seven and one-half grains should be given. The diet must be liquid and nutritious. It is advisable to place an ice-bag or Leiter's metallic coil upon the Præcordial Region. Digitalis (see Vitium Cordis below) or some other cardiac stimulant must be administered immediately when there are indications for the same.

**Vitium Cordis. Valvular Lesions of the Heart.** During the stage of compensatory disturbance, vigorous or forced exercise, riding, dancing, running, climbing hills, swimming, and rowing are to be forbidden, but especially such exercise in which only individual groups of muscles are brought into action, such as working at a sewing-machine or riding a bicycle. During this stage, the patient must be allowed to take only lukewarm baths, on account of the danger of collapse which may result from a hot or cold bath.

A nutritious, easily-digested diet should be prescribed, but no food is to be taken which causes abdominal distension.

Highly-seasoned dishes are to be avoided. Alcoholics should be permitted only in the smallest quantities. Black coffee or whisky must be prohibited; fluids in general be limited as much as possible. The drinking of carbonaceous beverages should not be allowed until the carbonic acid gas has been thrown off entirely. To patients of means, sojourns in the mountainous regions, where easy walks may be taken, should be recommended. The Terrain-cure of Cœrtel can not be endorsed.

Constipation may be overcome by prescribing a proper diet. Laxatives may be given, but Hydrogogue Cathartics should be avoided. Preparations of iron should be prescribed to anæmic patients (see Chlorosis). To plethoric patients, on the other hand, milk or grape cures should be advised.

During disturbances of compensation, the following are indicated:

<p>℞ 121    Foliorum Digitalis,                  Macerate frigidæ per horas 24 ad colat,                  Adde:                  Syrupi rubi Idæi,                  S.    Enough for one day.</p>	<p>gr. ix. to xv.           ʒ vss.                  ʒ ss.</p>
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<p>℞ 122          Fol. Digitalis, gr. viiss. to xxij.          F. l. a. Infusum col.,    ʒ vss.          Syrupi cort. Aurantiæ, ʒ ss.          S.    A tablespoonful every 2                  hours.</p>	<p>℞ 123          Tinct. Digitalis,          Tinct. amaræ,          Tinct. Gentianæ,    āā ʒ ss.          S.    20 to 30 drops 3 times a                  day.</p>
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When there is pronounced Cyanosis, the following is to be given:

<p>℞ 124    Pulveris fol. Digitalis,                  Elæosacchar. Fœniculi (or sacch. lact.),                  M.    Divide in dos. No. 10.                  S.    1 powder 3 times a day.</p>	<p>gr. iij.           ʒj.</p>
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The later remedy should be suspended whenever the pulsations of the heart become abnormally slow or irregular, or when there are gastric symptoms or evidences of intoxication. If



For præcordial anxiety or feelings of oppression, ice or hot compresses should be employed (according to the idiosyncrasies of the individual), or salves are to be prescribed (see Pericarditis). Morphium should be reserved for severe cases, in as much as it may readily lead to collapse (Oliguria) when given hypodermically in affections involving the muscular structure of the heart. In Hypostatic Catarrh of the lungs, cardiac stimulants and expectorants should be given in combination (see Acute and Chronic Bronchitis).

℞ 132 Tinct. Convallariæ majalis, gtt. xv.  
 Acidi benzoici, gr. viiiss.  
 Liqu. ammon. anisati, gtt. xv.  
 Syrupi Althææ, ʒ v.  
 Aqu. fontis, ʒ vss.  
 S. To be taken in a day.

When Pulmonary Œdema is imminent:

℞ 133 Pulveris fol. Digitalis,  
 Camphoræ rasæ, āā gr. iss.  
 Sacch. lactis, ʒ j.  
 M. Divide in dos. No. 10.  
 S. 1 powder 3 or 4 times a day.

When Œdema and Hydrops are present, and cardiac stimulants do not suffice, the latter should be combined with diuretics.

℞ 134 Strontii lactici, ʒ ij. to iiss.  
 Aq. fontis, ʒ vss.  
 S. The whole to be taken in one day.

Liq. Kalii Acetici. and Calomel (see Nephritis) may also be recommended.

### Myocarditis and Idiopathic Dilatation of the Heart.

As prophylactic procedures, abstinence from the use of alcohol and tobacco is advisable, also the avoidance of the causes and the proper treatment of affections predisposing to Endarteriitis, such as Syphilis, Gout, Diabetes, Nephritis, lead-poisoning, and acute infectious diseases. If a latent Syphilis is suspected, one of the anti-syphilitic treatments described under Syphilis (which see) should be prescribed. Bodily exertions should be for-

bidden, also mental or physical excitement. Certel's Terrain cure is indicated in these muscular affections of the heart. When severe subjective discomforts develop, when there is Gallop Rhythmus of the heart, or there are evidences of Hydrops, rest in bed and cardiac stimulants are indicated (see *Vitium Cordis*).

**Cor Adiposum. Fatty Heart.** If a fatty heart is the cause of the same, rich food must be forbidden (especially carbohydrates). The amount of food taken during the day should be reduced to a minimum; wine is to be avoided. Systematic exercise (*Heilgymnastik* massage of the heart, exercise with the *Ergostat* and moderate mountain climbing) should be taken. A treatment with the waters of such springs as Marienbad, Kissingen, Wiesbaden, and Karlsbad may be highly recommended.

Internally:

℞ 135	Kalii Iodati,	ʒj.
	Aquæ destillatæ,	ʒ iv.
	Syrupi rubi Idæi,	ʒ vj.
	S. 1 tablespoonful 3 times a day.	

When fatty heart develops in an individual affected with Tuberculosis, Scrophulosis, or Chlorosis, the diet, mode of life, and medication indicated in these affections should be prescribed (wine in moderate quantities may be allowed; the amount of exercise in Chlorosis must be limited). When symptoms of cardiac insufficiency make their appearance, *Digitalis*, *Strophantus*, *Spartien*, etc. should be prescribed (see *Vitium Cordis*), but the greatest care is to be exercised in their administration. If the urgency of the case demands, diuretics, diaphoretics, and drastics should be given in addition. When there are symptoms of anæmia of the brain the head is to be lowered, the extremities elevated and compressed by enveloping them with bandages, or the body is to be douched with vinegar. Smelling agents (cologne, mustard, etc.) will occasionally be required, likewise, stimulants such as *Olei Camphoræ* (hypodermically). For the attacks of *Asthma* (cardiac) cracked ice and black coffee should be administered.

**Angina Pectoris. Stenocardia. Spasm of the Heart.**

The etiological factors of the same, which are to borne in mind and treated, are Atheroma of the vessels, Syphilis, Gout, Rheumatism, degeneration of the muscular tissue of the heart, chronic nicotine intoxication, tobacco, and anæmia. The mineral waters of Kissingen and Marienbad frequently act beneficially.

℞ 136 Tabularum Nitroglycerini de Martindale

(à 0.0005) No. 100.

S. 1 to 3 tablets daily.

Also:

℞ 137 Nitroglycerini 0.01 gm. Extract. et pulv. Taraxaci  
qu. s. ut f. pilulæ No. 20.

S. 1 pill per day; increase dose gradually to 3 or even 6.

When there is a degeneration of the muscular texture of the heart, the following is preferable:

℞ 138 Caffeini hydrobromati, gr. xv.

Sacchari, 5 ss.

M. Divide in dos. No. 10.

S. 1 powder 3 times a day.

During an attack, an abundance of fresh air is to be furnished the patient, who should be placed in a sitting posture. Cracked ice should be given freely, or an ice-bag applied to the chest. The Præcordial Region should be briskly rubbed and bathed with vinegar water.

Inhalations of Chloroform or Ether may be advisable (but with great care). When there is pallor or Livor Faciei, inhalations of Nitrite of Amyl are advisable (see Asthma Nervosum).

℞ 139 Antipyrini,

Aq. dest., āā 3 ij.

S. 1 or 2 hypodermic injections daily.

Morphium is to be given in very severe cases.

Also:

℞ 140 Tinct. Lobeliae inflat.,

Tinct. Valerian Eth., āā 3 ss.

S. From 15 to 20 drops during an attack.

When there are signs of cardiac weakness, champagne and wine or injections of Camphor or Ether should be given.

**Tachycardia Paroxysmalis. Nervous Palpitation of the Heart.** If the affection is due to hysteria, a neurasthenia, a gastric or intestinal disorder, or if it is due to Tania, a severe anaemia, a genital affection, or if it has resulted from an excessive use of tobacco or coffee, the treatment is to be directed toward these affections or injurious habits. During an attack, cracked ice should be given internally and an ice-bag applied externally. Cold lemonade and local counter irritation are advisable. Pressing with the hand upon the cervical portion of the Pneumogastric, upon the abdominal Aorta, the Ovaries, etc., is often attended with marked relief.

Narcotics are frequently necessary, as are also inhalations of Chloroform or Ether. The remedy upon which the greatest dependence can be placed during an attack is Morphia.

℞ 141 Morph. muriat., gr. iss.  
Aq. dest., ʒ iiss.  
S. For hypodermic injections.

To prevent the recurrence of attacks, Nervina should be prescribed for a longer time.

℞ 142 Tinct. Valerianæ Ether, ʒ ss.  
S. 15 drops 3 times daily.

In the same way Tinct. Castorei, or Tinct. Asæ Fœtidæ.

℞ 143  
Zinci Valerianici, gr. xiiiss.  
Extr. et pulv. radicis Rhei qu.  
s. ut f. pilulæ No. 30.  
Consperge Lycopodio.  
S. 1 pill 3 times a day.

℞ 144  
Argenti nitrici, gr. ivss.  
Argillæ qu. s. ut f. pil. No. 30.  
S. 1 pill 3 times a day.

℞ 145  
Tinct. Veratri, gtt. xv.,  
Aquæ fontis, ʒ vss.  
Syr. cort. Aurant, ʒ ss.  
S. 1 tablespoonful 3 times  
daily. Or

℞ 146  
Natrii bromati,  
Ammonii bromati, āā ʒ iiss.  
M. Divide in dos. No. 10.  
S. 1 to 3 powders in water  
daily.





ble. If there is a persistent cough, sedatives are indicated. For the pains, an ice-bag, moist compresses, local bleeding, and narcotics should be employed.

℞ 149	Morphii muriat.,	gr. $\frac{1}{8}$ to $\frac{1}{2}$
	Extracti Belladonnæ,	gr. $1\frac{1}{4}$
	Extracti Liquiritiæ,	℥ ss.
	Aquæ fontis,	℥ vss.
	Syrupi rubi Idæi,	℥ ss.
	S. The whole to be taken in a day.	

If the pains are very severe,  $\frac{1}{8}$  to  $\frac{1}{3}$  of a grain of Morphium should be given hypodermically. The administration of the Iodides frequently has a favorable influence upon the process. An effort may be made to cause coagulation of the contents of the sack by inserting needle-shaped electrodes into the same.

**Endarteriitis Chronica. Arterio Sclerosis Aortæ.** The use of tobacco and alcohol is to be forbidden. The possible presence of Gout, Syphilis, Tabes-Dorsalis, Diabetes, Morbus Brighti, and lead poisoning (see respective headings), is always to be borne in mind.

℞ 150	Kalii Iodati,	gr. lxxv.
	Aquæ fontis,	℥ vss.
	Syrupi Cort. Aurant.,	℥ ss.
	S. 1 tablespoonful 3 times a day.	

Likewise Arsenic (see Tumor Mediastini).

**Gingivitis. Inflammation of the Gums.** As a prophylactic procedure, thorough cleansing of the teeth with the tooth-brush and powder should be recommended. When the affection has developed, the gums should be frequently cleansed with small moist pieces of linen, and the mouth rinsed with pure cold water, or the following:

℞ 151		℞ 152	
Kal. hypermangan,	gr. ss.	Kal. chloric,	gr. lxxv.
Aq. fontis,	℥ viij.	Aq. fontis,	℥ xv.
S. Mouth-wash.		S. Mouth-wash.	

It is advisable to swab the gums also with the following:

**R 153**

Tinct. Ratanhiæ,  
 Tinct. Gallar., āā ʒ iiss.  
 Tinct. Opii simpl., gtt. xv.  
 S. Apply with a brush.

**R 154**

Borac. venet., ʒ ij.  
 Spir. vini, ʒ x.  
 Aq. destill., ʒ iiiss.  
 S. Apply with a brush.

**Angina Faucium. Inflammation of the Throat.** (Sore-throat) Cracked ice should be swallowed, and a Priessnitz compresse applied around the neck, or a fold of absorbent cotton saturated in cold water placed around the throat and some water-proof material over the same; then a dry piece of absorbent cotton, and over the whole a gauze bandage. A gargle similar to the following should be prescribed:

**R 155** Kal. chloric., gr. lxxv.  
 Aq. fontis, ʒ xv.  
 S. Gargle.

When there is severe pain, the following:

**R 156**

Kal. chloric, ʒ iiss.  
 Aq. fontis, ʒ xxxij.  
 Tinct. Opii simpl., gtt. xv.  
 S. Gargle.

**R 157**

Infus. fol. Salviæ (e 1:10), ʒ vj.  
 Tinct. Opii simpl., gtt. xv.  
 S. Gargle.

In severe forms, especially the phlegmonous, one-half of a hypodermic syringe-ful of the following should be injected into the tonsils at as early a date as possible:

**R 158** Acid. carbolici, gr. ivss.  
 Aq. dest., ʒ iiss.  
 S. For hypodermic injections into the tonsils.

Early incisions, in the phlegmonous form, may also be highly recommended. To prevent relapses, the tonsils should be removed at a time when they are not inflamed.

**Diphtheritis Faucium. Diphtheritis of the Throat.** Isolation of the patient is imperative. A steam spray should be kept constantly playing in the vicinity of the patient. The food should be liquid, and as nutritious as possible. Wine, brandy, wine-brothes, and Stokes' Mixture should be given freely.

℞ 159	Cognac,	℥ xij.
	Vitell. ovar. duorum,	
	Aq. cinnamomi,	℥ ivss.
	S. Stokes' Mixture.	

If the fever remains high and the general condition of the patient is grave, antipyresis is indicated either in the form of baths, or through the following:

℞ 160	Quinin. mur.,	gr. xvj.
	Aq. dest.,	℥ ij.
	Acid. mur. dil. q. s. ad solut.	
	S. A teaspoonful every 2 hours.	

When there are signs of collapse, restoratives, champagne Camphor, etc., should be administered.

Local, mouth-washes and gargles should be used.

℞ 161		℞ 162	
Kal. chloric,	gr. lxxv.	Aq. Calcis,	℥ iij.
Aq. dest.,	℥ xv.	Aq. dest.,	℥ vj.
S. Gargle.		S. Externally.	

The latter (℞ 162) may also be inhaled from the steam-atomizer when the formation of membranes encroach on the larynx.

The neck and especially the swollen glands should be annointed with Blue Ointment after which compresses saturated with Liquor Burowi (see index) should be placed around the same. The membranes should be swabbed with the following:

℞ 163	Mercur. bichlor. corros.,	gr. xv.
	Aquæ destillatæ,	℥ vj.
	S. Swab the affected area.	

Recently, it has been the practice to inject Behring's Serum within the first four days. A hypodermic injection of a syringe-ful (syringe devised for the purpose) of dilution II. is first injected. If, after the lapse of eight hours, no marked local or general improvement is noticable, a second injection of dilution II. is to be given, or in severe cases dilution III. In the most severe forms dilution III. is given at the commencement. The injections should be repeated at intervals of eight hours if

necessary, but no more than four injections should be administered. If, notwithstanding the administration of the Serum, the membranes spread upon the larynx and trachea, and stenotic symptoms develop, as a last resort an intubation or tracheotomy should be performed. The latter must not be delayed too long.

**Parotitis Epidemica. Mumps.** Blue Ointment or the following should be rubbed into the tissues involved:

℞ 164	Iodoformii,	gr. xv.
	Unguenti simplicis,	℥ ss.
	S. Ointment.	

After which compresses saturated with Liquor Borowi should be applied. If there is severe pain, the following should be employed:

℞ 165	Olei Chamomillæ,	
	Olei Hyoscyami fol. coct.,	āā ℥ ss.
	S. Externally.	

When there is marked tension and reddening of the skin, cold applications should be made (Leiter's Metallic Coil).

**Catarrhus Ventriculi Acutus. Acute Catarrh of the Stomach.** If the stomach still contains ingesta, these should be removed by either irritating the Pharynx with the finger, drinking large quantities of warm water, the administration of an emetic (hypodermic injections of Apomorphia), or by what is the best and most advisable procedure, flushing out the stomach, after the method of Hegar, with a five-per-cent Bicarbonate-of-Soda solution.

In addition, dietetic laws should be observed. In mild cases, a rigid diet is to be prescribed. The food should be taken in liquid form, and is to consist principally of meat-broth, and diluted milk (if necessary, a little brandy may be added to the latter).

These should be given, cooled with ice, in small quantities at frequent intervals. In very severe cases, it is advisable to withdraw the food entirely, giving the patient fresh water, lemonade, soda, selters, and also such waters as Giesshuebler.

Frequently one to two tablespoonfuls of Carlsbad salts in half a tumbler of lukewarm water, or the following acts admirably:

℞ 166    Natr. bicarb.,  
           Magn. ustæ,                      āā    ʒ ss.  
           S.    From 10 to 15 grains.

If there is persistent vomiting and pain in the Epigastric Region, compresses (cold in some cases, hot in others) should be applied upon the abdomen, after which cracked ice should be given. Internally, the following:

<p>℞ 167</p> <p>Morph. mur.,          Cocain mur.,                      āā    gr. iij.          Aq. laurocerasi,                      ʒ v.          S.    10 to 20 drops hourly.          (Only in a physician's hands.)</p>	<p>℞ 168</p> <p>Aq. chloroformiatæ,                      ʒ vj.          S.    1 or 2 tablespoonfuls                every hour.</p>
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If constipation exists, enemata of water, oil, Glycerine, or the following should be administered:

℞ 169    Inf. fol. Sennæ (e 1:10),                      ʒ vj.  
           Natr. Sulphurici,                      ʒ ss.  
           S.    Enough for 2 enemata.

Or the following internally:

℞ 170    Calomelan.,                      gr. vj. to ix.  
           Sacchari,                      gr. iij.  
           M. f. p. d. tal. dos. No. 3.  
           S.    1 powder during the day.

As regards the intestinal catarrh which may follow as a complication, see Catarrh. Intestin.

When an acute catarrh of the stomach shows signs of becoming chronic, notwithstanding the observance of a rigid diet (tea, bouillon, lean ham, easily digested meats, a little red wine), 1 to 3 cups of Carlsbader Muehlbrunn should be taken warm in the morning, and breakfast an hour to an hour and a half thereafter, exercise being taken during this interval. If a loss of appetite remains after the disappearance of the acute symptoms, a stomachic is to be prescribed.

## R 171

Menthol., gr. xlv.  
 Tinct. amaræ,  
 Tinct. nuc. vom., āā gtt. lxxv.  
 Tinct. Cinchon. comp., 5 v.  
 S. 10 to 15 drops an hour  
 before meals.

## R 172

Orexini, 3 ss.  
 Pulv. et extr. Acori. q. s. ut. f.  
 pil. No. 20.  
 S. 1 pill 3 times a day.

## R 173

Tinct. Rhei vinosæ, 3 vj.  
 S. 1 or 2 tablespoonfuls several times during  
 the day.

**Catarrhus Ventriculi Chronicus.** Chronic Catarrh of the Stomach. First of all, the etiological factors must be ascertained (of which bad teeth, rapid ingestion of and great quantities of mixed food, improper mastication, and salivation must not be overlooked).

In addition to the treatment of the etiological affection, or the withdrawal of the causative gastric irritants (alcohol in its varied forms, dietetic errors), a proper diet should be prescribed. In those cases in which the underlying cause (Gout, Tuberculosis) do not indicate a special diet, small quantities of food administered frequently are better than large quantities administered less often. The character of the diet will depend upon the degree of hyperacidity or hypacidity present. When there is hyperacidity, fish, meat, soft eggs, easily digested vegetables (purées), butter, milk, and a little red wine (beer is to be avoided) should be given. When there is hypacidity, demulcent soups and broths, hashed meats, easily digested vegetables, potatoes in a half-liquid-purée form, and milk should constitute the principal food. The articles of food to be avoided are the vegetables which are difficult to digest (legumes, turnips, etc.) and albumenoids of a dense consistency (cheese, hard-boiled eggs). When the function of the stomach is very much impaired, and the patient is greatly reduced in nutrition, Leube-Rosenthal's Meat solutions, Kemmerich's or Liebig's Meat-pepton (fleischpepton), etc., should be employed.

In addition to this dietetic treatment, a water-cure should be tried first at home. In the morning, upon arising, take 1 or 2 teaspoonfuls of the natural Carlsbad salts in a bowlful of luke-

warm water, or a bowl of warm Carlsbad Muehlbrunn water; then a walk; and an hour after, breakfast. In stubborn cases or cases which are severe from the very beginning, drinking the waters at Carlsbad, Marienbad, Selters, Bilin, Preblau, Ems, Vichy, etc., is advisable.

In all cases care should be taken to secure a regular stool, and, if necessary for the purpose of obtaining the same, saline cathartics, irrigations, glycerine suppositories (two scruples each), or glycerine enemata (small quantities, two scruples) should be given.

When the motor function (i. e., muscular contractions) of the stomach is greatly diminished, massage and faradisation of the gastric region is the first indication. For abnormal fermentation in the stomach or the prevention of the same, the stomach is to be syphoned, and flushed daily with water or with weak antiseptic solutions or agents, which tend to loosen the accumulated mucus (Carlsbader Salts, five-per-cent, Salicylic Acid, 1/1000, or Boracic Acid, one-to three-per-cent solution).

In addition to the treatment just mentioned, the following remedies, which should be selected according to the character of the gastric juices, may be prescribed to great advantage for the purpose of promoting digestion:

#### R 174

Ac. hydrochlor. dil.,         $\text{ʒ}$  ss.  
S. Take 10 to 12 drops in  $\frac{1}{4}$   
of a tumbler of water  $\frac{1}{2}$  an  
hour after meals.

#### R 175

Pepsin. German., gr. iv. to ix.  
D. tal. dos. No. 30 in capsul.  
amyl.  
S. 1 capsule before meals.

Or Vinum Pepsini, 1 tablespoonful at a time.

In less severe cases bitter agents are advisable:

#### R 176

Tinct. amaræ,  
Tinct. nuc. vom.,        āā  $\text{ʒ}$  ss.  
S. 10 to 15 drops 1 hour  
before meals.

#### R 177

Dec.cort. Cinchon. (e 1:20),  $\text{ʒ}$  vj.  
Tinct. amaræ,         $\text{ʒ}$  iiss.  
S. 1 tablespoonful 1 hour  
before meals.





continues uninterruptedly, sweet breads, calves brains, mashed potatoes, and, by degrees, roasted meats may be taken. This diet should be adhered to in severe cases, especially after hemorrhage. In mild cases, milk and articles of food prepared from milk may be taken from the very beginning. In the severest form, no food of any kind is to be allowed to enter the stomach. Nutrition is to take place under such conditions through nutritive enemata of meat peptone, Leube-Rosenthal's Meat-solutions or meat pancreas clysters (i. e., four ounces of fresh beef pancreas and eight ounces of beef finely hacked and boiled in a little soup). These enemata are to be given by means of an irrigator, the rectum being first thoroughly flushed. The following is also an excellent nutritive enema:

Beat up 3 to 5 eggs in a warm 20-per-cent solution of grape sugar to which add (before administering) a wineglass of claret.

When idiosyncrasies for milk exist, or in individuals who in consequence of treatment have become greatly run down, and whose anæmia increases from day to day, 2 tablespoonfuls of Leube-Rosenthal's Meat-solution should be given several times during the day in a cup of boullion, or in one of the meat-peptone preparations (Kemmerich's, Koch's, or Liebig's). The latter, however, on account of their taste, are usually rejected by the patients. As an after-treatment, a sojourn at Carlsbad is wont to prove very beneficial. When this not possible, the Carlsbad salts may be prescribed of which, 1 to 2 teaspoonfuls to a pint of water are to be taken in 3 doses in the morning.

For severe cases, the following may be recommended:

# ℞ 185

Aq. Calcis., 3 vi.  
S. 1 tablespoonful ever 2  
hours.

# ℞ 186

Opii pur. gr. iij.  
Subige c. ivtell. ovi unius.  
Adde:  
Decoct. Althææ (e 1:20), 3 vj.  
S. Enough for 2 enemata.

# ℞ 187

Bismuth. subnitrici, 3 ss.  
Morph. mur., gr. iss.  
Sacchari, 3 j.  
M. F. p. div. in dos. No. 10.  
S. 1 pow. 3 to 6 times a day.

# ℞ 188

Morph. mur. gr. ivss.  
Aq. destillatæ, 3 iiss.  
S. Give 5 to 10 drops hypodermically.

In recent cases the following is frequently very efficacious:

- ℞ 189 Bismuth. subnitric., 5j. to 3 ss.  
 D. In form of a mixture which must be well shaken.  
 S. Immediately after taking the Bismuth, patient should lie upon the side on which he experiences pain.

When there is hæmatemesis, absolute rest is indicated above everything else. Garments pressing upon the Epigastrium must be removed or loosened, cracked ice given internally, and cold applications made upon the stomach. All food must be at once withdrawn, later only cold beverages in small quantities should be administered. In mild cases of hemorrhage, the observance of these rules will suffice, in all other cases the following are to be prescribed:

- |   |  |
|---|--|
| <p>℞ 190<br/>         Extr. Secal. corn. dialys.<br/>             (Ergot), gr. xv.<br/>         Aq. destill., 3 ij.<br/>         Acid. carbol., gtt. j.<br/>         S. Inject 1 or 2 hypodermic<br/>             syringefuls subcutaneously.</p> | <p>℞ 191<br/>         Bismuth. subnitric.,<br/>         Natr. bicarbon., āā 3 iiss.<br/>         M. Div. in dos. æqu. No. 20.<br/>         S. 1 powder hourly.</p> |
|---|--|

Whenever syncope sets in, the patient should be placed in a horizontal position, the body briskly rubbed, hot applications placed on the extremities, and enemata containing 4 ounces of claret and 1½ ounces of water administered, or hypodermic injections of Ether or Camphor given. After the hemorrhage has been arrested or has subsided, the diet previously mentioned should be prescribed. In the commencement, however, only milk cooled with ice is to be given, in tablespoonful doses at a time. When the hemorrhage can not be arrested, or when it constantly recurs, a laparotomy and resection of the portion of the stomach involved is advisable.

Resulting anæmic conditions will require treatment with iron or the drinking of chalybeate water, such as those of Franzensbad, Levico, Guberquelle, etc.

**Carcinoma Ventriculi. Cancer of the Stomach.** The diet is to be similar to that of *Ulcus Ventriculi*: milk, Leube-

Rosenthal's meat-solution, meat peptone preparations, or meat pancreas emulsata are to be given according to the condition of the patient. For constipation, enemata are advisable. A purely symptomatic treatment frequently affords much relief.

℞ 192 Cort. Condurango, ʒ v.  
 Macera per horas sex cum aq. des., ʒ vj.  
 Dein filtra et adde:  
 Acidi mur. dil. gtt. xv.  
 Syrupi Zingiber, ʒ iij.  
 S. 1 tablespoonful every 2 hours.

In the same way Vinum Condurango.

If there is severe pain, the following:

℞ 193 Aquæ laurocerasi, ʒ iiss.  
 Morph. mur., gr. iss.  
 S. 10 drops every 4 hours.

Or Morphium may be administered subcutaneously.

When, in consequence of the cancer, dilatation of the stomach has resulted, the stomach is to be washed out with lukewarm water or a 2-per-cent watery solution of the Salicylate of Soda.

If the cancer is diagnosed at an early date, an operative procedure is to be resorted to as soon as possible.

**Atonia Ventriculi. Atony of the Stomach.** The first indication is to treat the Anæmia, Enteroptosis, or Chlorosis, etc., which for the most part are the causative factors; after which a suitable diet is to be prescribed. Not much food should be taken at a time but for that reason the number of meals must be increased. The amount of fluids taken must be reduced to a minimum with the exception of milk which may be taken in larger quantities. When the gastric juice contains the normal amount of hydrochloric acid, an abundant meat diet (beef, ham), not in a minced state, eggs, easily digested vegetables, butter, and the coarser breadstuffs (rye and graham), which induce peristalsis of the stomach, are in order. When there is hypacidity of the secretions, a milder meat diet (hachées, purées) is to be prescribed.

For the purpose of promoting peristalsis, hydrotherapeutic procedures, local massage, and faradisation are advisable.

It is very important to treat a chronic constipation existing simultaneously.

Internally, Amara are usually prescribed.

℞ 194 Tinct. amaræ,  
Tinct. nuc. vom.,                      āā ʒ ss.  
S. 10 to 20 drops 1 hour before meals.

In hypacidity, Ac. Hydrochl., dil. (℞ 174) is to be prescribed.

**Dilatatio Ventriculi. Dilatation of the Stomach.** In dilatation of the stomach resulting from injury to its muscular structure the therapy previously mentioned (see Chronic Catarrh of the Stomach and Atony) is indicated. A suitable diet is to be prescribed, the amount of fluids taken limited, the stomach washed out, massaged, and subjected to faradisation after which hydrotherapeutic procedures, saline and sea-baths are to be advised.

When the dilatation has resulted from a stricture caused by the contraction of a cicatrix (ulcer of the stomach), a surgical procedure (pylorus resection, gastro-enterostomy) is indicated.

**Atrophia Mucosæ Ventriculi.** In secondary atrophy, a causative Catarrh, Chlorosis, Anæmia, Bothriocephalus, or Carcinoma, is to be treated.

The diet is to be bland and as nutritious as possible, the same as in Primary Atrophy (see preceding subject). Amara, Hydrochloric Acid and Pepsin (see Catarrh of the Stomach) are to be prescribed. A general tonic treatment, cold hydropathic procedures, sea-baths, and sojourns in the mountains with as much physical and mental rest as possible, may be highly recommended. It is advisable to promote hæmatosis by the administration of Iron and Arsenic.

℞ 195 Tinct. ferri pom.,  
Sol. arsenic. Fowleri,                      āā ʒ iiss.  
Strychnin. nitric.,                      gr. iss.  
S. Dose, 10 drops per day; increase gradually to as many as 40; take in wine during or after meals.

- R 196 Ferratin. Schmiedeberg.  
 - D. Ollulam à 25 gramme.  
 S. According to directions.

### Neurosis Gastrica. Nervous Affections of the Stomach.

(a) *Hypersecretio mucosæ ventriculi continua*. Continuous secretion of the gastric juices (including *Gastroxynsis*). The amount of fluid taken is to be limited. Solid albumenoids are to be prescribed. In average cases, the stomach is to be washed out morning and evening with cold water or a 3 to 5-per-cent solution of some alkaline salt.

When there is an attack of pain, a little albuminous food and 1 teaspoonful to a tablespoonful of the Bicarbonate of Soda is to be given in water.

(b) *Dyspepsia Nervosa*. Nervous Dyspepsia. The first indication is the treatment of the cause (*Neurasthenia*, *Hysteria*, *Reflex-neuroses*, *Tania*, *Chlorosis*, and *Tuberculosis*). In this affection a dietetic treatment is not indicated as is the case in an organic affection of the stomach. Treatment at Carlsbad and such resorts instead of being beneficial is, for the most part, injurious. On the other hand a change of climate—the higher mountainous altitudes or the seashore (especially in irritable patients), and finally cold hydropathic procedure may be highly recommended.

When the nutrition of the patient has become very much impaired by reason of hyperæsthesia of the stomach and anorexia, the procedure recommended by Weir-Mitchell is indicated. This treatment is often followed with excellent results and consists principally in isolating the patient, administering a progressively increasing diet while the patient is at complete mental and physical rest, and a simultaneous treatment with massage and faradisation. It can not be carried out elsewhere than in a well-equipped institution for the treatment of nervous diseases.

**Catarrhus Intestinalis Acutus.** Acute Catarrh of the Intestines. A rigid diet is to be prescribed. In the commencement, the food is to be limited to bouillon, demulcent soups and broths, cacao, and a little claret. Warm towels or cataplasma

are to be applied from time to time upon the abdomen. When there is fever, rest in bed is indicated. Warm baths are advisable. When there is severe tenesmus, sitting over a vessel filled with steaming water may be highly recommended. If accumulated faecal masses in the large intestines give rise to and prevent the disappearance of the catarrh, enemata are to be administered, to which (if deemed advisable) a little castor-oil may be added. When there is severe diarrhœa and the stools are watery, starch clysters, to which a few drops of the Tincture of Opium may be added, are indicated. In the commencement of the affection, as a rule, it is advisable to administer a cathartic. The best is the following:

℞ 197 Calomelanos, gr. iij. to vj.  
Dent. tal. dos. No. 5.  
S. 1 powder 2 or 3 times a day.

Later for the diarrhœa the following:

℞ 198 Dec. tub. Salep. (e 1:100), ℥ ix.  
Extracti Opii (aquos), gr. iij.  
Syrupi simpl., ℥ v.  
S. 1 or 2 teaspoonfuls at a time.

℞ 199  
Bismuth, subnitr.,  
Sacchari, āā gr. lxxv.  
Opii in pulv., gr. iss.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder every 2 hours.

℞ 200  
Mixt. gummos,, ℥ v.  
Tinct. Opii, gtt. xv.  
Syrupi Althææ, ℥ ss.  
S. 1 teaspoonful hourly.

℞ 201  
Bismuth. salicyl., gr. lxxv.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder every 2 hours.

℞ 202  
Pulv. Doveri, gr. xv.  
Sacchari, ℥ j.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder every 2 hours.

If an infectious cause is supposed to be the etiological factor, the following is to be prescribed, also when it is desired to prevent fermentation and decomposition:

℞ 203 Saloli, 3 iiss.  
Div. in dos. No. 20.  
S. 1 powder hourly.

When the intestines are involved the most:

℞ 204  
Dec. tub. salep. (e 1:100), 3 xv.  
Tinct. Opii simpl., 3 ss.  
S. Enough for 2 enemata.

℞ 205  
Ac. tannici, gr. xv.  
Aq. fontis, 3 vj.  
S. Enough for 2 enemata.

**Catarrhus Intestinalis Chronicus. Chronic Intestinal Catarrh.** The diet is to be regulated. Intestinal irritants (alcoholics, spices, etc.) are to be avoided while the ingestion of articles which produce a copious stool (bread, tendinous meat, vegetables, fruit) are to be recommended, as are also large meals even when the appetite is normal. Occasionally, a treatment with milk is followed with excellent results. It is to be seen to that the drinking water is pure. Sufficiently warm clothes are to be worn. It is advisable to wear an abdominal protector. In many cases, especially those in which constipation and diarrhœa alternate, Carlsbad salts (1 or 2 teaspoonfuls in luke-warm water in the morning), or drinking the waters at Carlsbad, Marienbad, etc., are indicated. A change of climate is frequently attended with excellent results. Whenever there are fecal accumulations in the intestines, enemata or mild cathartics (Ol. Ricini, Calomel) are to be administered. In the remaining cases, astringents combined with Opium (as in Catarrh. Intest. Acut.) are indicated. Furthermore:

℞ 206  
Tannini,  
Extr. Colombo, āā gr. xv.  
Opii in pulv., gr. iss.  
Sacchari, 3 j.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder 3 times daily.

℞ 207  
Dec. ligni Campech.  
(e 1:10), 3 vj.  
Tinct. Opii simpl., gtt. xv.  
Syr. Althææ, 3 v.  
S. 1 tablespoonful every 2  
hours.

℞ 208 Extr. Colombo, 3 ss.  
Pulv. Doveri, gr. xv.  
Elæosacch. Cinnam. (or sacch. lact.), 3 j.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder 3 times a day.

## R 209

Bismuth. salicyl.,           3 iiss.  
F. cum. pulv. et mixt.  
                    gummos. boli No. 20.  
S. 1 pill every 2 hours.

## R 210

Pastæ Guarana,           3 iiss.  
Div. in dos. No. 20.  
S. 1 powder every 2 hours.

When there is Meteorismus of a high grade, the following:

## R 211

Aq. Carvi,  
Aq. menthæ pip.,  
Aq. fœniculi,           āā 3 ij.  
S. 1 tablespoonful every 2 hours.

When the large intestines are involved the most, astringent enemata, or what is better, Hegar's irrigations of astringent and disinfectant solutions are advisable. These solutions should contain from  $\frac{1}{2}$  to 1-per cent of Alum or Tannic Acid and  $\frac{1}{2}$ -per cent of Plumbum Aceticum

**Appendicitis, Typhlitis et Perityphlitis. Inflammation of the Appendix and the Cæcum.** Only in the commencement, when there are fæcal accumulations in the Cæcum, are mild cathartics to be administered (Ol. Rininus, Tamarinds) or high irrigations given. As soon as symptoms of peritoneal irritation set in and the formation of an exudate, absolute rest in bed is to be observed, a bland liquid diet or nutritive enemata prescribed, and leeches or cold applications (Leiter's apparatus, ice-bag) applied to the Illeocæcal region. Internally:

## R 212

Opil in pulv.,           gr. viiss.  
Sacchari,           3 ij.  
M. f. pulv. div. in dos. No. 20.  
S. 1 powder every 2 hours.

## R 213

Morphii mur.,           gr. iss.  
Sacchari,           3 ij.  
M. f. pulv. div. in dos. No. 25.  
S. 1 powder every 2 hours.

When the pains have diminished, compresses saturated in diluted Liq. Burowi are to be applied. Not until the peritoneal symptoms have entirely disappeared is a cathartic (best in the form of an cnema) to be administered for the purpose of overcoming a persistent constipation. If the administration of medicaments fails to prevent a diffuse Peritonitis, an operative procedure is indicated and for the most part after the lapse of the first week.



For promoting the absorption of the exudate which may have remained behind, Carlsbad water and lukewarm baths, especially mud-baths, may be highly recommended.

### Tuberculosis Intestini. Tuberculosis of the Intestines.

The concomitant pulmonary phthisis is to be treated according to the well-established rules. Care is to be taken to improve the general nutrition but articles of food and those agents which irritate the intestines, such as cod-liver oil and chalybeate mineral waters, are to be avoided. The nourishment is to consist principally of milk, eggs, readily digested meats, soup or meat solutions. The abdomen is to be kept warm; when there are pains, cataplasma are to be applied. For the diarrhœa and attacks of cholic, Opium (see Catarrh Intest. Chron.) is preferable to everything else.

The following frequently acts admirably:

#### R 214

Bismuth. subnitric.,      ʒ ij.  
Opium in pulv.,              gr. iij.  
Sacchari,                      ʒ j.  
M. f. pulv. div. in dos. No. 20.  
S. 1 powder 3 to 5 times a day.

#### R 215

Guaiacol. salicyl.,              ʒ iv.  
Div. in dos. No. 32.  
S. 1 powder every 2 hours.

#### R 216

Bismuth. salicyl.,      gr. lxxv.  
Extr. Opium,              gr. iij.  
M. f. pulv. div. in dos. No. 10.  
S. 1 powder every 2 or 3 hours.

#### R 217

Ac. lactic.,                      ʒ j.  
Aq. destill.,                  ʒ 6¼  
Syr. Althææ,                  ʒ vj.  
S. 1 tablespoonful every 2 hours.

Likewise, decoctions of Colombo with Opium.

When the process is localized in the large intestines, enemata of Salep, starch, or boiled rice-water are to be administered, or astringent clysters given.

R 218    Argent. nitric.,                      gr. viij.  
          Aq. destill.,                      ʒ vj.  
          S. To be added to 2 enemata.

**Constipation.** The first indication is to ascertain whether a constipation really exists; whether the absence of a stool is due to retention of fecal matter, or whether the stool in itself is insufficient. For the latter condition, ingestion of bulky food (coarse bread, meat) will often suffice. The causative factors must always be remembered and the possible presence of an intestinal stenosis must not be overlooked.

In temporary insufficiency of stool of a mild form, the regulation of the diet is often followed with excellent results. Leguminous vegetables, rich desserts, pastry, coarse bread, and red-wine adulterated with herbs are to be avoided. On the other hand, compot, milk, butter, honey, and syrup may be highly recommended. If, through the employment of these procedures, a stool is not obtained, enemata of water or small glycerine clysmæ (1 drachm), or glycerine suppositories (2 scruples) are to be administered.

In stubborn cases, salt-water enemata are to be tried; furthermore, according to the grade of the constipation, from a wine-glass to a tumblerful of Hunyadi, Ofner, Saidschuetzer, Friedrichshaller or some other similar mineral water. These waters are best taken in the morning when the stomach is empty and may be given warmed to sensitive patients. A tablespoonful of Marienbad, Carlsbad, or Kissinger salt in half a glass of cold water may also be highly recommended, or a Seidlitz-powder. Stronger or weaker cathartics may also be given, either internally or by enemata.

℞ 219 Olei Ricini., ʒ ij.

S. 1 to 2 tablespoonfuls in soup, black coffee, or brandy.

℞ 220 Capsul. gelatin. cum Olei Ricini., ℥ xv. to xl.

S. 5 to 10 capsules are to be taken.

℞ 221

Dec. pulpæ Tamarind.

(e 1:10), ʒ vj.

Tinct. Rhei (aquos), ʒ iiss.

S. 1 tablespoonful every 2  
hous.

℞ 222

Dec. pulpæ Tamarind.

(e 1:10), ʒ vj.

Magnes. citric.,

Syrupi mannæ, āā ʒ v.

S. Tablespoonful every 2 hrs.

## R 223

Aq. laxat. Viennens.,  $\bar{3}$  iss.  
S. To be taken in 1 dose.

## R 224

Extr. Cascaræ Sagradæ,  $\bar{3}$  ij.  
S. 1 teaspoonful every 4  
hours.

## R 225

Electuar. lenitiv. (Con-  
fection of Senna),  $\bar{3}$  iss.  
S. To be taken in 2 doses.

In stubborn cases:

R 229 Inf. fol. Sennæ (e 3:40),  $\bar{3}$  vj.  
Syrupi rubi Idæi,  $\bar{3}$  j.  
S. Take  $\frac{1}{2}$  at once, then tablespoonful every 2 hours.

## R 230

Inf. fol. Sennæ  
(e 3 to 6:40),  $\bar{3}$  vj.  
Olei Ricini,  $\bar{3}$  v.  
S. To be given in 2 enemata.

## R 226

Hydromel. infant.,  $\bar{3}$  iss.  
S. To be taken in 2 doses

## R 227

Sal. amar.,  $\bar{3}$  j.  
S. Half or whole to be taken  
in water.

## R 228

Vini Case. sagrad.,  $\bar{3}$  iij.  
S. A cordial glassful at a  
time.

## R 231

Calomelan,  
Pulv. Jalapæ, āā gr. viiss.  
S. 1 such powder at night.

If all of these agents fail, the following:

R 232 Olei Ricini,  $\bar{3}$  ss.  
Olei Croton, gtt. ij.  
S. 1 to 2 teaspoonfuls.

In habitual constipation, the administration of cathartics is to be avoided as long as possible. The necessary dietetic precautions are to be observed; raw and stewed fruit are to be taken freely. Fruit and grape cures and regular and energetic exercise may be highly recommended. Suitable gymnastic exercise is frequently followed with excellent results; also riding, swimming, etc. A desire to defecate should never be suppressed. The patient must endeavor to have a stool at a particular time each day. In some cases, drinking cold water upon an empty stomach, smoking a cigar after breakfast or similar procedures are very efficacious. During the night, it is often of



The wearing of clothes sufficiently warm, especially about the abdomen and feet (carpets to walk on when the feet are bare) is advisable. Internally, the following:

## R̄ 237

Pulv. Doveri, gr. xxx.  
 Sacchari lactis., ʒ j.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 powder 2 to 4 times a day.

## R̄ 238

Tinct. Opii croc., ʒ ss.  
 Aq. laurocerasi, ʒ v.  
 S. 5 to 15 drops on a lump of sugar (only in the hands of a physician).

## R̄ 239

Tannin.,  
 Rad. Colombo pulv., āā gr. xxx.  
 Opii in pulv., gr. iij.  
 Pulv. et extr. Acori q. s. f. pill. No. 20.  
 S. 1 pill 3 to 6 times a day.

**Occlusio Intestini. Occlusion of the Intestines.** Whenever possible, the treatment is to be directed toward the cause. In some cases all that is necessary is to remove the accumulated and incrustated faecal masses or foreign bodies. Only under these conditions is an active cathartic admissible.

## R̄ 240

Olei Rinini, ʒ ij.  
 S. To be taken at one time.

## R̄ 241

Infus. fol. Sennæ (e 1:15), ʒ v.  
 Magnes. Sulph.,  
 Syrupi rubi Idæi, āā ʒ ss.  
 S. 2 tablespoonfuls an hour till a movement is obtained.

## R̄ 242

Extracti Alces, gr. xv.  
 Resin. Jalapæ, gr. xxx.  
 Sacchari, ʒ j.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 powder 3 times a day.

## R̄ 243

Olei Crotonis, gtt. iij.  
 Mucil. gummi Arab., ʒ v.  
 Aq. fontis, ʒ x.  
 Syrupi rubi Idæi, ʒ ss.  
 S. 1 tablespoonful every 2 hours until a brisk movement of the bowels is obtained.

In all other cases (Volvulus, Intussusception, Compression, Internal Incarceration, and Stenosis of the intestines), the first



When there are severe colicky pains and an increase of the stenotic symptoms the following are advisable:

**R 247**

Extr. Belladonnæ, gr. iij.  
 Opii in pulv., gr. ivss.  
 Sacchari, 5 j.  
 M. f. pulv. div. in dos. No. 15.  
 S. 1 pow. 5 or 6 times a day.

**R 248**

Extr. Belladonnæ, gr. viiss.  
 Extr. Gentianæ, gr. xxx.  
 Pulv. rad. Rhei, gr. xlv.  
 M. f. pil. No. 50.  
 S. 1 pill 2 to 4 times a day.

An operative procedure is advisable when it can be carried out.

**Tænia. Tape-Worm.** A vigorous anthelmintic treatment is to be undertaken only in individuals in perfect health. In patients otherwise ailing, in the weakly or emaciated, at most a cathartic or vermifuge in very small doses is to be given. During pregnancy or lactation no anthelmintic treatment is to take place. On the evening preceding a Tape-Worm cure, the patient is to eat nothing after five o'clock with the exception of perhaps a little broth. At night, a half or whole bottle of Bitter Water or some other cathartic is to be administered, in order to produce several stools. On the following morning, the Tape-Worm remedy is to be administered upon an empty stomach or after drinking a small cup of tea or coffee. The most reliable vermifuge is the following:

**R 249** Extr. filic. mar. Ether, • 3 iiss. (Freshly prepared.)  
 Div. in dos. No. 10.  
 Da in gelat. capsul.  
 S. To be swallowed inside of half an hour.

One to two hours later, if there is no stool, a cathartic is to be given, but under no circumstance Castor Oil, inasmuch as the administration of the latter (and also other oils) even when the Extract of Malefern has been given in small doses, has been followed upon several occasions with death. (The toxic principle, the amorphous Felicic Acid, when administered in conjunction with an oil is rapidly absorbed, either influencing the action of the Malefern unfavorably or endangering the life of the patient). For this purpose an infusion of Senna or Aq. laxative Vienn. will be found the best cathartic. The following may also be employed in the same way as the preceding:

℞ 250 Cort. rad. Punic. Granati,      ℥ v.  
 Aq. fontis,      ℥ xij.  
 Macera per horas 24,  
 Dein coque ad colat,      ℥ vj.  
 Adde: Syrup. Zingiber.,      ℥ v.  
 S. To be taken inside of half an hour or introduced  
 into the stomach with a stomach-tube.

If the Tania is not passed after an hour and a half, 1 to 2 spoonfuls of Olei Ricinus is to be administered. If vomiting sets in, Peppermint Lozenges are to be taken, or the patient is to bite into a lemon.

Pumpkin seeds or Sem. Cucurbitæ are remedies which frequently act admirably. 3 to 5 ounces of the hulled seed grated into an emulsion with about  $\frac{1}{3}$  of a quart of water are to be taken.

### Ascaris Lumbricoides. Thread-Worm.

℞ 251 Santonin. pur., gr. viiss. to xij. Sacch. lact.,      ℥ i. M. f. pulv. div. in dos. No. 10. S. 1 pow. 3 to 4 times a day.	℞ 252 Trochisci Santonini No. 10. S. 1 loz. 3 to 6 times a day.
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It is of advantage sometimes to combine Santonin with a cathartic.

℞ 253 Santonini. pur.,      gr. viiss.  
 Pulv. rad. Rhei.  
 Sacchari      āā gr. lxxv.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 powder 3 times daily.

**Oxyuris Vermicularis. Maw-Worm.** Enemata of decoctions of garlic or of Sapo Medic. (drachms  $1\frac{1}{2}$  to a quart of water) are to be administered with an irrigator. These enemata are to be repeated morning and evening. It is advisable to give Santonin internally in conjunction with the enemata.

**Anchylostomum Duodenale.** The worms are best removed by administering larger doses of Extract Felix Maris.



- ℞ 254 Extr. fil. mar. Ether., 3 ijss. (Freshly prepared.)  
 Div. in dos. No. 15.  
 Da in capsul. gelat.  
 S. To be taken in the course of from 1 to 2 hours.

Cathartics are to be given afterward (Castor Oil under no circumstances whatever). The best cathartic for this purpose is Hunyadi Water. If necessary, the cathartic is to be repeated. Also:

- ℞ 255 Thymol, 3 ij.  
 Div. in dos. No. 10.  
 S. To be taken in the course of from 1 to 2 hours.

After the parasites have been removed, a tonic treatment is to be prescribed (nutritious food, arsenic, iron, etc.).

**Peritonitis Diffusa Acuta.** When there are reasons for supposing that Rheumatism (Serositis Rheumatica) is the causative factor, moist warm compresses saturated in Ligu. Burowi are to be applied and the following administered internally:

- ℞ 256 Natr. salicyl., 3 j.  
 Div. in dos. No. 32.  
 S. 1 powder every 2 hours.

Or the Salicylate of Soda may be given in the form of enemata. For the pains, cataplasma are to be employed.

In Purulent Peritonitis cold applications are advisable (Leiter's metallic coil). A rigid diet is to be prescribed (a little milk, demulcent broths, bouillon, and ices). The intestines are to be placed at rest by prescribing one of the following internal remedies:

- |   |   |
|---|---|
| ℞ 257<br>Morph. mur., gr. iss.<br>Sacchari, 3 iss.<br>M. f. pulv. div. in dos. No. 15.<br>S. 1 powder every hour. | ℞ 258<br>Opii in pulv., gr. ivss.<br>Sacchari, 3 ij.<br>M. f. pulv. div. in dos. No. 15.<br>S. 1 powder every hour. |
|---|---|

For vomiting, cracked ice, soda-water, and the following:

- ℞ 259 Aq. Laurocerasi, 3 v.  
 Morph. mur., gr. iss.  
 S. 10 drops every hour.



**Icterus Catarrhalis. Catarrhal Jaundice.** The causative Gastro-enteritis is to be treated. In severe cases, rest in bed and a rigid diet (soups, demulcents, etc.) are indicated. If the icterus is of a longer duration, meats, carbo-hydrates, eggs, and stewed fruit are to be given but all fats avoided. An alkali, such as Carlsbad salts (natural or artificial), Biliner or Giesshuebler water, etc. are to be prescribed.

Constipation is to be relieved only through enemata; later, when the symptoms of the Gastro-enteritis have disappeared, Tinct. Rhei Aquosa, Aq. Laxat. or Rheum may be prescribed. If the icterus continues for a longer time, drinking cures at such resorts as Carlsbad or Marienbad may be highly recommended. In cases of stubborn icterus, the following:

### R 263

Nat. salicyl.,  
Natr. Sulphuric.,  
Natri. bicarbon.,     āā    ̄ ss.  
M. f. pulv. div. in dos. No. 10.  
S. 1 to 2 pow. in water daily.

### R 264

Salol.,                                ̄ iiss.  
Div. in dos. No. 10.  
S. 1 powder 2 to 6 times a day.

A systematic course of lukewarm baths and the application of Priessnitz moist compresses on the abdomen may be highly recommended, as may also high intestinal irrigation of from 1 to 2 quarts of water. For the itching of the skin, lukewarm baths are wont to afford relief, likewise rubbing lemon juice or fat into the skin, or spounging the itchy region with a 2-per-cent Carbolic-Acid solution or a 5-per-cent Menthol-alcohol solution. The skin may likewise be swabbed with the following:

### R 265

Emulsion. amygdal.,     ̄ ix.  
Aq. amygdal. amar.,     ̄ iij.  
S. Apply with small sponge.

### R 266

Amygdalini,                       gr. xv.  
Emulsion. amygdal.,     ̄ vj.  
S. Apply like the preceding.

**Cholangitis et Cholecystitis Infectiosa. Catarrh of the Billiary Ducts.** If there is fever and the patient ails generally, rest in bed is to be observed. The diet is to be similar to that of Icterus Catarrhalis. In extreme cases, it may be advisable to nourish the patient per rectum so as to afford rest to the upper portion of the intestinal tract.

Lukewarm and cold applications are to be applied locally, especially in the Exudative Cholecystitis. In some cases, cataplasma are tolerated better. Internally:

℞ 267                      Saloli,    ʒ ss.  
                                  Div. in dos. No. 32.  
                                  S. 1 powder every 2 hours.

<p>℞ 268          Ichthyoli,    ʒ ss.          F. c. extr. et pulv.          Aconi pill. No. 20.          Obducantur Salolo.          S. From 3 pills increase the              dose to 9 pills per day.</p>	<p>℞ 269          Mentholi.,    ʒ ij.          Olei Olivar.,    ʒ ij.          Div. in dos. No. 30.          Da in caps. gelat.          S. 1 capsule 3 to 6 times a              day.</p>
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Or Natr. Salicyl.

If there is persistent icterus, irrigations of cold water are to be administered. The internal medication is to be the same as above, or the following is to be prescribed:

℞ 270    Natr. cholëinic.,    ʒ ss.  
                                  F. c. extr. et pulv. Taraxaci pil. No. 20.  
                                  S. From 3 pills per day increase dose gradually  
                                  to 6 pills per day.

In chronic cases, especially those in which the causative factor was a Cholelithiasis (Gall-Stones) treatment with Carlsbad salts or at the springs themselves may be highly recommended.

For the itching, see under the preceding heading.

A Cholelithiasis Exsudativa which does not yield to this form of treatment is to be treated surgically.

**Cholelithiasis. Gall-Stones.** (a) During the attack itself, absolute rest in bed is to be observed; hot towels or compresses are to be applied around the abdomen. Prolonged warm baths sometimes act admirably. Analgesic liniments (compresses on which Chloroform has been poured) may be highly recommended. When there are severe pains, the following:

<p>℞ 271          Morph. mur.,    gr. iss.          Aq. Laurocerasi,    ʒ iiss.          S. 10 to 15 drops.</p>	<p>℞ 272          Extr. Belladonnæ,    gr. iij.          Aq. Laurocerasi,    ʒ ij.          S. 20 drops.</p>
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- ℞ 275 Unguent. ciner., 5 ss.  
 Sapon. medic., gr. xv.  
 F. c. extr. et pulv. Acori pill. No. 30.  
 S. 3 to 6 pills daily.

Intra-muscular injections of Mercury may also be recommended. In Arterio-sclerosis, Iodide of Potash is to be prescribed; all other treatment is to be directed toward the heart. The diet in every case should be regulated according to the individual; alcoholics and spices should be forbidden.

In the peripylephlebitic form (*Induratio hepatis deuteropathica peripylephlebitica*) an underlying Gastro-enteritis whether of an infectious or toxic origin, an *Ulcus Ventriculi*, *Perityphlitis*, etc., is to be treated.

In the pericholangitic form (due to formation of gall-stones), the treatment is to be directed toward the cause (see preceding heading); for the so-called Hypertrophic Cirrhosis (*Pericholangitic*) there is no special indication. The treatment of this particular form is identical to that of a Chronic Icterus.

**Cirrhosis Hepatis Peripylephlebitica.** Lænnec's **Cirrhosis of the Liver.** For the treatment of the first stage, see above (*Induratio Hepatis Peripylephlebitica*).

When Ascites has developed in the so-called Second Stage of the genuine Cirrhosis (shrinkage of the liver), it may frequently be removed, and even for a longer time, by a systematic Calomel treatment. In most cases, small doses of Calomel (3 doses of 3 grains a day) will suffice to bring about the desired diuresis. The following may also be employed:

- ℞ 276  
 Cremor. tartari, ʒ iij.  
 Ad scatul.  
 S. Take 2 to 3 teaspoonfuls  
 in water.

- ℞ 277  
 Caffein. Natriosalicyl.,  
 Sacchari, āā ʒ iss.  
 M. f. pulv. div. in dos. æqua  
 No. 20.  
 S. 3 to 6 powders daily.

- ℞ 278  
 Diuretin., ʒ iiss.  
 Div. in dos. No. 20.  
 S. 4 to 8 powders daily.

- ℞ 279  
 Aq. Petroselin., ʒ ix.  
 Liq. Kali acet., ʒ j.  
 S. 1 tablespoonful hourly.

All other diuretics for the most part fail to act. If the Ascitis does not disappear under this form of treatment a paracentesis abdominalis is in order. This is to be repeated whenever indicated, and before the tension of the abdomen becomes too great.

### **Nephritis Acuta. Acute Inflammation of the Kidneys.**

Under every circumstance, rest in bed for a longer time is to be prescribed. Patient is not to be allowed to leave his bed until all symptoms of the affection have disappeared, or until the Nephritis has become chronic. The diet is to consist exclusively of milk. At times, however (if the patient requests), a little demulcent broth or bouillon may be given. Not until the stage of retrogression is reached is a bland mixed diet to be allowed. Alcoholics and spices are to be forbidden. In the commencement of the affection, when diuresis is greatly diminished, hot baths at a temperature of 100° F. followed by enveloping the patient in blankets (for the purpose of bringing about a still stronger diaphoresis) are to be prescribed. When there is weakness of the heart and the pulse is small and frequent, in place of the baths, the patient may be enveloped in linen sheets wrung out in hot water, and then wrapped in blankets.

If the action of the heart is strong, hypodermic injections of Pilocarpin ( $\frac{1}{8}$  to  $\frac{1}{4}$  grain) are permissible, but the procedures just mentioned are to be preferred. As beverages, milk, diluted one-half with such mineral waters as Biliner, Giesshuebler, etc., or these mineral waters by themselves are advisable; also lemonade, linden-blossom tea, etc. When the amount of urine is greatly reduced and the pulse is rapid and small, it is advisable to administer the following:

Rx 280	Infr. fol. Digital., (e 0.50:150.00),	$\frac{3}{4}$ v.
	Liq. Kali acet.,	$\frac{3}{4}$ iiss.
	Syr. Idæi,	$\frac{3}{4}$ ss.
	S.	1 tablespoonful every 2 hours.

When acute uræmic symptoms develop, especially when eclampsia sets in, and for the purpose of relieving the convulsions, subcutaneous injections of Morphia, Chloroform, or Chloral enemata, or the following are indicated:

℞ 281	Chloral hydrat.,	ʒ ss.
	Morph. mur.,	gr. 1/7.
	Aq. dest.,	ʒ iiss.
	Syr. cort. Aurant.,	ʒ ij.
	S. To be taken in one dose.	

Diaphoretic procedures are to be continued from day to day for the purpose of relieving the uræmic state. Repeated Pilocarpin injections may also be recommended for this condition (especially when the pulse is strong and somewhat retarded) and likewise brisk cathartics either internally or by enemata.

In cases of completely-developed uræmic coma, lukewarm baths accompanied with cold douching are to be administered. If the symptoms, notwithstanding, increase and the strength of the heart commences to fail, hypodermic injections of *Oleum Camphoratum*. are to be administered. For *Œdema*, *Hydrops* of the serous cavities, of the Glottis and the lungs, see the respective remarks under the next heading (*Morb. Brightii Chronicus*).

After the acute symptoms have subsided and when albuminuria still continues, care is to be taken in the mode of life and diet. Whenever possible, a stay at some locality where the climatic conditions are favorable is to be advised. Iron may be administered whenever indicated. Milk is to be taken in large quantities; alcoholics are to be forbidden.

**Nephritis Chronica Parenchymatosa. Chronic Bright's Disease.** The mode of life and diet is to be regulated. Confining the patient from time to time for a longer interval in bed is one of the best procedures that can be undertaken. Milk is to be taken freely and in addition a moderate mixed diet conforming to the tastes of the individual may be prescribed. The general condition of the digestive tract will indicate the form of diet to be employed. As long as *hydrops* continues, hot baths at a temperature of 105° F. of from 20 to 30 minutes duration are to be given. Upon being removed from the bath the patient is to be enveloped in woolen blankets in which he is to remain for 2 to 3 hours, during which time he is to drink several cups of Linden-blossom or some similar tea. Almost as efficacious as the baths is the sweat-box in which the patient



is placed from 5 to 10 minutes and afterward allowed to perspire for a longer or shorter time. The following diaphoretic procedure may also be highly recommended: Place the patient in a bed and cover all except the head with blankets supported by hoops stretched across the mattress; and into the space so formed, place an alcohol-lamp in a basin, or some other suitable vessel, for safety. All of these procedures must be undertaken in the commencement with the greatest care and continued only a short time. If any of them are not well borne, or on account of the surrounding circumstances can not be carried out, Priessnitz's wet packings are to be resorted to (the whole body from the shoulders to the feet is enveloped in a linen sheet wrung out in hot water and then wrapped in several woolen blankets). The patient remains in this pack for from 2 to 3 hours. In the event of the failure of all of these procedures, Diuresis may be produced through the administration of Pilocarpin.

℞ 282 Inf. fol. Jaborandi (e 1:30), ʒ v.  
Syr. acetos. Citri, ʒ j.  
S. To be taken within 2 hours.

The following is even better on account of not deranging the stomach:

℞ 283 Pilocarpin. mur., gr. iij.  
Aq. destillatæ, ʒ iiss.  
S.  $\frac{1}{2}$  to 1 hypodermic-syringeful (8 to 15 m)  
are to be injected.

If profuse salivation sets in after the administration of the latter, the patient is to be instructed not to swallow the saliva. In this way vomiting will be avoided. In every diaphoretic procedure, collapse is to be guarded against.

For the purpose of inducing diuresis more rapidly, it is advisable to drink warm water freely, or mineral water rich in Chloralkalies such as Bilin, Giesshuebl, Vichy, Rohitsch, etc. In cases running an extremely chronic course accompanied with stubborn hydrops, diuretics, especially acid carbonate and acetate salts are to be administered:

## R̄ 284

Lith. carbonic., gr. xv.  
 Sacchari, 3 ss.  
 M. f. pulv. div. in dos. No. 6.  
 S. 1 powder every 2 hours.

## R̄ 285

Rad. Ononid.,  
 Rad. Petroselin.,  
 Rad. Levistici,  
 Bacc. Juniperi, āā 3j.  
 S. Tea.

## R̄ 286

Liq. Kali acet.,

3 iss.

S. 1 teaspoonful is to be added to preceding tea.

When uræmia is threatened, cold applications are to be made to the head and liquids given in as large quantities as possible, especially effervescent asciduous drinks. Depletion may be produced through the intestines by the administration of a brisk cathartic.

When vomiting sets in, cracked ice, Aq. Lauroc. with Opium or the following is to be administered:

## R̄ 287

Cerii oxalici,

gr. xv.

Sacchari,

3 ss.

M. f. pulv. div. in dos. No. 10.

S. 1 to 3 powders daily.

In Asthma Uræmicum, the Hydrate of Chloral or Natr. Bromat. is to be administered. When there is uræmic dyspepsia, an absolute milk diet or milk diluted with such mineral waters as Gleichenberger, Emsen, Biliner, etc. should be prescribed. Whey and Kefir cures may also be tried. Mild cathartics such as Tinct. Rhei Aq. may likewise be prescribed. Whenever a cardiac insufficiency sets in, cardiac stimulants are to be administered.

**Ren Granulatus. Cirrhotic Kidney (Interstitial Nephritis).** From the very commencement of the affection, the mode of life is to be regulated as is the case in Vitium Cordis (which see). Rich food and heavy meals are to be avoided, likewise alcohol and every form of excitement (on account of the danger of Cerebral Hemorrhage). An almost exclusive milk diet is to be prescribed. Lukewarm baths are to be taken frequently; during the summer, sojourns in such places as Gleichenberg and during the winter, stays in the South, especially at the sea-coast are to be advised. Uræmic headache is to be treated in the same way as attacks of Hemicrania.



either internally or in the form of suppositories or injections. The rest of the treatment is to be dietetic. Wine is to be avoided, especially the white sorts. The ingestion of meat is to be limited while fruit and vegetables are to be recommened. Sweets are to be absolutely forbidden. A little mild beer is permissible; alkaline mineral waters, especially Biliner, Fachinger, Preblauer, etc. may be highly recommended; likewise drinking cures at Carlsbad, Vichy, and Marienbad (during all seasons of the year). The Lithium treatment, whether it be with mineral waters containing the same, heated to 86° F., in quantities of from 1 to 2 pints daily; or in the form of evaporated salts, yield excellent results.

**R 292**

Lithii carbonic., gr. xvij.  
 Natr. bicarb., gr. v.  
 Aq. dest., ʒ xij.  
 S. To be consumed inside of  
 [2 days.  
 Likewise:

**R 293**

Piperazin. hydrochl., gr. xv.  
 Aq. dest., ʒ ij.  
 Syrupi simplicis, ʒ ss.  
 S. ½ is to be taken, morning,  
 noon, and evening.

**R 294**

Lithii carbon., ʒ ss.  
 Natr. bicarbon., ʒ iss.  
 M. div. in dos. No. 20.  
 S. 1 powder 5 or 6 times a  
 day.

**R 295**

Glycerini,  
 Succi Citri, āā ʒj.  
 S. 4 tablespoonfulls during  
 the day.

**Meningitis Cerebrospinalis.** In addition to absolute rest in a somewhat darkened room having an equable temperature, cold applications are to be made to the head (ice-bag or Leiter's metallic coil). The nourishment is to consist entirely of liquid food. If deemed advisable, leeches may be applied to the processus Mastoideus. It is advisable to annoint the shaven head with Blue Ointment, or the following:

**R 296**

Iodoformii, gr. lxxv.  
 Vaselini, ʒ ij.  
 M. f. unguentum.  
 S. Ointment to be rubbed  
 into the tissues twice daily.

**R 297**

Calomelan., gr. viiss.  
 Pulv. rad. Jalap.,  
 Sacchari alb., āā gr. xxiv.  
 M. f. pulv. div. in dos. No. 5.  
 S. 1 powder every 3 hours.

Depletion through the intestines is advisable:

℞ 298

Aq. laxativ. Vienn.,            ℥ ij.  
 Aqu. Cerasor. nigror.  
 Syr. rub. Idæi,            āā    ℥ ss.  
 S. 1 tablespoonful every hour.

℞ 299

Inf. fol. Sennæ (e 1½:20),    ℥ vj.  
 Natrii Sulph.,            ℥ ss.  
 S. Clysma.

When there is severe headache, which can not be relieved either through bleeding or cold applications, the following:

℞ 300

Antipyrini,            3 j.  
 Div. in dos. No. 4.  
 S. 1 or 2 powders in the  
 course of a day.

℞ 301

Phenacetini,            gr. lxxv.  
 Div. in dos. No. 10.  
 S. 4 powders are to be taken  
 within 8 to 12 hours.

℞ 302

Morph. mur.,            gr. iss.  
 Sacch. alb.,            3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times daily.

Still better are subcutaneous injections of Morphia (from grain 1/16 to grain 1/8).

If there is very great restlessness, Chloral enemata (30 to 45 grains) or the following may be prescribed:

℞ 303

Chloral hydrat.,            3 j.  
 Aqu. fontis.  
 Syr. cort. Aurant.,    āā    3 j.  
 S. 1 teaspoonful every 2  
 hours.

℞ 304

Kal. Bromat.,            gr. lxxv.  
 Aqu. dest.,            3 v.  
 Syr. rub. Idæi,            3 ss.  
 S. 1 tablespoonful every 2  
 hours.

When the paralytic stage sets in, and also when there is drowsiness, cold douching, the application of mustard plasters upon the chest and abdomen, stimulating enemata (vinegar), or clysters of the following are to be prescribed:

℞ 305

Camphor. ras.,            gr. xv.  
 Subige c. mucilag. gumm. Arab.,    3 v.  
 Adde: ad  
 Inf. rad. Valerian. (e 10:200),    3 vj.  
 S. For 2 enemata.

Or subcutaneous Ether-Camphor injections, or injections of Oleum Camphoratum.

If the paralysis disappear very slowly, the Iodides are to be prescribed:

**R 306**

Kal. (or Natr.) Iodat.,  
gr. xv. to xxx.  
Aqu. dest., ʒ iiss.  
Syr. rub. Idæi, ʒ ss.  
S. The whole to be taken  
during the day.

**R 307**

Extr. Quin. frig. par., gr. xxx.  
Aqu. dest., ʒ iij.  
Syr. cort. Aur., ʒ ss.  
S. 2 tablespoonfuls 3 times  
daily.

Tonics are also to be prescribed.

**R 308** Tinct. Ferri acetic. Eth., ʒ ss.  
S. 6 drops 2 times daily.

If the disease takes a favorable course, every effort is to be made to administer a sufficient quantity of food. This sometimes is very difficult, and necessitates the employment of the stomach tube or the resort to nutritive enemata on account of the persistent vomiting or disturbances which arise in deglutition. During the latter stages, warm or saline baths may be highly recommended. Resulting paralysis are to be treated with massage, electricity, or systematic gymnastic exercise.

**Hæmorrhagia Cerebri. Hemorrhage of the Brain.** In a completely developed attack of apoplexy, in which the patient is unconscious, the face highly flushed, the pulse markedly slow, and in which stertorous breathing is present, a thorough venesection is to be performed, after which very cold applications are to be made to the head (ice-cap, Leiter's metallic coil). If the pulse is small and the face pale, excitantia (mustard plaster upon the chest, cold douches, and hypodermic Ether-Camphor injections) are in order. In these latter cases the head is to be lowered, and depletion is to be brought about through the intestines.

**R 309**

Inf. rad. Rhei (1:10), ʒ v.  
Ol. Ricini, ʒ v.  
S. To be given in 2 enemata.

**R 310**

Inf. fol. Sennæ. (e 1:10), ʒ vj.  
Magnesiæ Sulph., ʒ v.  
S. Enema.

In those attacks of apoplexy in which consciousness is preserved or but little disturbed, absolute rest is indicated. Every form of mental excitement or taxation is to be avoided. The intestinal canal is to be unloaded by some cathartic similar to the following:

℞ 311	Aqu. laxativ. Viennens.,	℥ ij.
	Mixtur. oleos.,	℥ j.
	Natr. Sulph.,	℥ iiss.
	Syr. rub. Idæi,	℥ ss.
	S. To be taken in two doses.	

As regards the rest of the treatment, absolute rest is preferable to everything else. The diet is to be liquid. After the lapse of about two months, the paralyses which may remain are to be treated by means of massage and faradisation of the extremities, and by bathing and rubbing the parts involved with alcohol and preparations such as Bay Rum, Cologne, or the following:

℞ 312	Spir. saponati,	℥ v.
	Spir. Sinapis,	℥ iiss.
	S. Liniment.	

The indifferent thermal springs, with the bathing temperature of the water at 90 to 92° F. and mild baths, etc., may be highly recommended, likewise cold hydropathic procedures. To prevent the development of further attacks, care is to be taken to secure a regular stool. Alcoholics in every form are to be forbidden, as are also excesses in *Venere* and dwelling in hot localities or staying in very warm quarters. In very stubborn cases, it is permissible to try the Iodides.

℞ 313	Kalii Iodati,	gr. xv. to xxx.
	Aquæ dest.,	℥ iij.
	Syr. simpl.,	℥ ij.
	S. 1 tablespoonful every 2 hours.	

**Emollitio Cerebri ex Embolia sive Thrombosi Arteriarum Cerebri.** Softening of the Brain either through an Embolus or Thrombus. A general stimulating procedure is to be resorted to at once. Wine or coffee is to be administered, the head is to be lowered, and Infusion of Valeriana or the





**Malum Pottii.** Compression of the Spinal Cord in Consequence of Tubercular Caries of the Vertebra. Patient is to be placed in a bed of Plaster of Paris (according to the method of Lorenz) but no extension is to be made. In caries of the Cervical Vertebrae, a Plaster-of-Paris collar is to be worn. The success of the treatment will depend very much upon the avoidance of decubitus (bed-sores), and when there is paralysis of the bladder, the prevention of the infection of its contents.

To prevent Decubitus, frequent bathing of the parts with weakened vinegar and brandy will often suffice.

As soon as an excoriation of any kind shows itself, it is to be immediately covered with Salicylic Plaster. Whenever Necrosis of the skin makes its appearance, the affected areas are to be powdered with Iodoform. To assist the shedding of the cicatrix, compresses saturated with Burow's solution are to be applied. In the event of an extremely diffuse destruction of tissues and gangrene of the same, Gypstheer (Bitumin. Fagg., § 3; Calcar. Sulphuric, § 12) is to be applied, and after the cicatrix has been shed—for the purpose of assisting granulation—the Nitrate of Silver. Infection of the bladder may be prevented by evacuating its contents through expression whenever this procedure is possible. If catheterisation becomes necessary, the elastic catheter is to be employed. It is to be frequently changed and each time after being used is to be thoroughly disinfected in a five-per-cent solution of Carbolic Acid. Great care is to be taken not to admit air into the bladder.

If the incontinence persists, the time eventually comes when, notwithstanding every precaution which may be taken, a Catarrhal-Cystitis and an alkaline fermentation occur. The following remedies are then to be administered internally:

℞ 317 Acid. salicylic., gr. viiiss.  
Dent. tal. dos. No. 15.  
S. 1 powder 4 or 5 times a day.

℞ 318  
Acidi benzoici, gr. xv.  
Sacch. lactis., ʒj.  
M. f. pulv. div. in dos. æqua.  
No. 10.  
S. 1 pow. 4 or 5 times a day.

℞ 319  
Natrii Salicyl., ʒj.  
Aq. dest., ʒv.  
Syr. rub. Idæi, ʒiij.  
S. 1 tablespoonfull every 2  
hours.





that there is sufficient stool, a strict watch over the function of the bladder, and cold hydropathic procedures are most important. Cold saline-baths as well as thermal saline-baths and Labile Galvanization of the region of the Vertebral Column, in which the segment of the Spinal Cord involved is situated, frequently yield excellent results. Internally:

- ℞ 326 Arg. nitric. cryst., gr. viiss.  
 Pulv. et extr. Liqu. qu. s. u. f. massa pil. e qua form  
 pil. No. 100.  
 Consp. pulv. Cinnamon.  
 S. From 2 pills a day, gradually increase dose to 8  
 a day. Continue until 24 grains of the Nitrate  
 of Silver have been taken.

**Sclerosis Cerebrospinalis Multiplex. Multiple Cerebro-Spinal Sclerosis.** Frequently during the initial stages, there is an apparent improvement which, however, is due to the peculiar spontaneous disappearance of even very grave symptoms (paralyses, disturbance of vision, etc.). The treatment is to be the same as in Chronic Myelitis (which see). This latter affection (Chronic Myelitis) may be looked upon in the majority of cases as a localized Spinal Multiple Sclerosis. If the Nitrate of Silver (vide ℞ 326 and 329) has already been tried and failed, trials may be made with Kalium Hyperosmicum from which remedy, however, but little must be expected.

- ℞ 327  
 Acidi Hyperosmici, gr. iss.  
 Bol. alb., qu. s. u. f. pil. No.  
 100.  
 Obduc. argento fol.  
 S. 1 to 4 pills per day con-  
 tinued from 6 to 8 weeks.

- ℞ 328  
 Kalii Hyperosmici, gr. iss.  
 Argillæ qu. s. u. f. pil. No.  
 100.  
 Obduc. auro foliat.  
 S. 1 to 4 pills per day con-  
 tinued from 6 to 8 weeks.

**Atrophia Muscularis Progressiva (Spinalis, Myopathica). Progressive Muscular Atrophy.** The muscles are to be subjected to vigorous Faradisation and galvanization. Massage and balneo-therapy, wild-baths as at Gastein, Schlangenbad, Johannisbad, Baden-Baden, Bormio, etc. have a favorable influence upon the affection.

**Tabes Dorsualis. Locomotor Ataxia.** Even if there is positively no doubt of Syphilis having preceded the affection, no anti-syphilitic treatment is to be prescribed in as much as it is useless. The treatment of the disease by means of Iodides is wont to do injury more frequently than good. [This is a direct contradiction to the teaching of Prof. Erb of Heidelberg, who claims that he has obtained the very best results when an anti-syphilitic treatment has been undergone.—Metzerott.]

During the initial stages, it frequently happens that positive results are obtained from treatment on account of the spontaneous disappearance of many of the symptoms. Saline-baths at a temperature of 88° to 94° F. at such resorts as Gmunden, Ischl, Aussee, etc., are frequently beneficial as are also thermal saline-baths and baths containing Carbonic acid (Nauheim, Kissingen, Wiesbaden, etc.), likewise the sea-shore.

To anæmic patients and to individuals very much run down, chalybeate-baths may be prescribed at such places as Königswart, Franzensbad, etc. The real thermal waters are not to be recommended. Cold hydropathic procedures for the most part have no favorable influence upon the disease. Daily baths at home at a temperature of 88° F. (to which from 3 to 5 pounds of rock-salt may be added) are often quite beneficial. General faradisation of the skin—3 sittings per week of twenty-five minutes duration—is advisable, and internally the Nitrate of Silver:

℞ 329 Argenti nitrici, gr. xv.  
 Argillæ, 3 iiss.  
 F. c. aqu. d. qu. s. pil. No. 100.  
 Consp. pulv. Cinnamoni Cass.  
 S. 1 pill daily for 8 days; 2 pills the second 8 days;  
 and 3 pills per day thereafter.

After a pause of several months, it is often advisable to repeat the treatment.

Ataxia of a high grade is to be relieved by means of supporting apparatus (splints, etc.) which will assure greater safety in walking. For the lancinating pains, the following remedies may be highly recommended:

## R̄ 330

Antipyrini, gr. xv.  
Dent. tales doses ad capsul.  
amyl. No. 5.  
S. 1 or 2 powders.

Likewise:

## R̄ 332

Chloroformii,  
Olei Olivarum, āā ʒ ss.  
M. f. linimentum.  
S. Liniment.

## R̄ 334

Veratrini, gr. vij.  
Chloroformii, ʒ ij.  
Acohol., ʒ ij.  
S. As a liniment.

## Or: R̄ 331

Antipyrini,  
Aqu. dest., āā ʒ iss.  
S. Inject 1 hypodermic-syr-  
ingeful in the region of the  
greatest pain.

## R̄ 333

Veratrini, gr. vij.  
Vasellini, ʒ ss.  
M. f. unguent.  
S. Ointment.

If these remedies fail, hypodermic injections of Morphia are to be given. Morphia is really the only drug that can be relied upon to produce results at the time of the Gastric Crises. In addition, Chloroform may be taken internally (5 drops on cracked ice every 10 minutes). For Neuralgia of the bladder and rectum, suppositories are to be prescribed:

## R̄ 335

Morph. mnr., gr. ʒ  
Butyri Cacao, ʒ ss.  
M. f. suppositorium.  
Dent. talia No. 10.  
S. 1 or 2 suppositories.

**Neuritis Multiplex. Multiple Neuritis.** In fresh cases during the rapid development of the symptoms, the following:

## R̄ 336

Natrii salicylici, gr. lxxv.  
Aq. dest., ʒ v  
Syrupi rubi Idæi, ʒ ij.  
S. 1 tablespoonful every 2 hours.

If the progress is very rapid:

## R̄ 337

Extr. Secal. cornuti (ergot), ʒ ss.  
Aq. dest., ʒ v.  
Syrupi Cinnamoni, ʒ v.  
S. 1 tablespoonful every 3 hours.

As regards the remaining treatment, there is to be absolute rest; care is to be taken that there is a sufficient stool, etc. When the paralysis commences to disappear, faradisation and galvanization of the muscles, also massage; and later, the use of thermal and saline-baths are advisable.

**Hemicrania. Migraine.** Avoidance of the injurious agencies which from experience are known to produce the attacks. Especially are excitement, mental taxation, and over-heated rooms to be guarded against. Preparations of Iron are to be prescribed for anæmic and Bromides and cold-water therapy for nervous patients. During the summer, sojourns at mountainous regions or the sea-shore are advisable. A nutritious diet is to be prescribed but food difficult to digest is to be avoided. Care is to be taken that there is a daily stool. During the individual attacks, every form of irritation is to be removed; the patient is to be placed in a horizontal recumbent position. Hot or cold compresses are to be applied according to the idiosyncrasies of the individual. In some cases, compression of the soft parts of the skull by means of a tightly drawn towel is followed with relief, in others, drinking black coffee or swallowing cracked ice will prove effectual. Chloroform or Ether liniments rubbed over the body or the use of the so-called Migraine pencils are for the most part soothing, as are also the following:

### R 338

Menthol., gr. xv.  
Spir. vin. Gallic., ʒ ij.  
S. As a liniment.

### R 339

Quinin. sulph., gr. xlv.  
Sacch. alb., ʒ iss.  
M. f. pulv. div. in dos. æqn.  
No. 6.  
S. In commencement of the  
attack, 1 or 2 powders.

### R 340

Natr. salicylic., gr. xl.  
Div. in dos. æqu. No. 5.  
S. During an attack, 1 or 2  
powders.

### R 341

Caffein. natriosalicyl.,  
Sacch. alb., āā gr. xl.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. Like the preceding.

- ℞ 342      Pastæ Guaranae,  
               Sacchari alb.,                      āā 3 ss.  
               M. f. pulv. div. in dos. æqu. No. 5.  
               S. 2 powders during an attack.

Much more efficacious than the previously mentioned remedies is the following:

- |  |   |
|--|---|
| <p>℞ 343<br/>         Antipyrini,                      gr. lxxv.<br/>         Div. in dos. æqu. No. 5.<br/>         S. 1 or 2 powders at the com-<br/>             mencement of an attack.</p> | <p>℞ 344<br/>         Phenacetin.,                      gr. xl.<br/>         Div. in dos. æqu. No. 5.<br/>         S. Like the preceding.</p> |
|--|---|

If the face is pale and the pulse small, inhalations of the Nitrate of Amyl may be tried (2 drops in glass pearls), the action, however, is uncertain.

The following remedies are suitable for prolonged use:

- |   |  |
|---|--|
| <p>℞ 345<br/>         Solut. arsen., Fowleri,      3 iss.<br/>         Tinct. Ferr. pomat.,      3 iij.<br/>         S. 5 to 12 drops, morning,<br/>             and evening.</p> | <p>℞ 346<br/>         Natrii bromat.,      3 ss. to j.<br/>         Aq. dest.,      3 iij.<br/>         S. Morning, noon, and night,<br/>             about <math>\frac{1}{3}</math> is to be taken.</p> |
|---|--|

The following is better:

- ℞ 347      Acidi arsenicosi,                      gr.  $\frac{3}{4}$ .  
               Pulv. et extr. Liquir. qu. s. ut f. pil. No. 100.  
               Consp. pulv. Cinnamom. Cassiæ.  
               S. 1 to 5 pills per day.

**Neuralgia Trigemini. Tic Douloureux. Neuralgia of the Face.** The cause is to be ascertained if possible. Painful cicatrices as well as carious teeth are to be removed. An existing nasal or sexual affection is to be treated. Constipation, if present, is to be overcome by drinking Marienbad, Kissingen, or Bitter mineral-waters, by applying a Priessnitz compress around the abdomen, or daily rectal irrigations. In anæmic individuals, iron is indicated; in typical recurring attacks, Quinine; and if there is a well-founded suspicion of Syphilis, a proper anti-syphilitic treatment. In lead-poisoning, the Iodide



of Potash is to be given. The employment of electricity is often followed with good results.

When electricity is used, a weak, slowly increased galvanic current (1.5 to 2.5 M-Amp.) is to be employed, the kathode being placed upon the neck and the anode upon the most painful regions. Each sitting is to last from 3 to 4 minutes. Results of the latter treatment at times are marvelous, but nevertheless uncertain. Finally, mild baths (indifferent thermal) such as Gastein, Bormio, etc., are not to be disregarded. Cold-water therapy is likewise to be tried.

An energetic Arsenic treatment at times is followed with excellent results, 1/70 of a grain of Acid. Arsenic. per day is to be given. This dose is to be increased every fourth day by a 1/70 of a grain until 1/7 of a grain per day is taken. This latter dose is then to be continued for three weeks, after which there is to be a gradual decrease of the dose in the same way, until 1/70 of a grain per day is again reached, when the drug is to be stopped. A combination of this Arsenical treatment, with a methodical use of hypodermic injections of Morphia (2 to 4 times during the day an  $\frac{1}{8}$  to  $\frac{1}{4}$  of a grain of Morph. mur.), is worthy of a trial. Furthermore, internally:

# ℞ 348

Quinin. sulphuric., gr. xl.  
Sacch. alb., 3 ij.  
M. f. pulv. Div. in dos. æqu.  
No. 5.  
S. Before the commencement  
of an attack, 1 to 2 powders.

# ℞ 349

Natr. Salicylic., gr. lxxv.  
Aq. dest., 3 v.  
Syr. rub. Idæi, 3 j.  
S. 1 tablespoonful every 2  
hours.

The following is indicated in some cases, especially in Syphilis and lead-intoxication:

# ℞ 350

Kal. Iodat., 3 v.  
Div. in dos. æqu. No. 20.  
S. Morning and evening, 1 powder is to be taken  
in sugar-water.

If all of these remedies fail to remove the Neuralgia, a Neu-rectomy is to be performed, although here also the relief may only be temporary.

**Neuralgia Intercostalis.** A treatment directed toward the cause is indicated. Flying-blisters are to be used during the attacks; also anodyne liniments; and when these fail, injections of Morphia; likewise electricity either in the form of the galvanic current (kathode upon the Spine, anode upon a painful point), or in the form of the faradic brush. The results are also very uncertain. Balneotherapy may be tried as in Neuralgia Trigemini (which see).

℞ 351 Empl. Canth. perpet., 5 v.  
S. To be spread upon a piece of linen, applied, and held in place with adhesive plaster; change location of the plaster every day.

℞ 352  
Chloroform., 5 v.  
Ol. Hyoscyam. coct., 5 iiss.  
S. Liniment.

℞ 354  
Ext. Opii, 5 ss.  
Spir. aromat., 3 ij.  
S. To be rubbed over the side.

℞ 353  
Veratrin., gr. iij.  
Ungu. emoll., 5 iiss.  
S. Salve.

℞ 355  
Ether. Sulphur., 5 ss.  
S. To be applied to the skin with absorbent cotton.

Antipyrine, Phenacetin, Arsenic, and injections of Morphia may likewise be employed in the same way as in a Trigemino-neuralgia. The following is often attended with good results:

℞ 356 Antipyrin.,  
Aqu. dest. fervid., āā 5 ij.  
S. 1 or 2 hypodermic-syringefuls are to be injected at the seat of pain.

**Mastodynia. Neuralgia of the Mammary Gland.** An existing Anæmia, Hysteria, or Neurasthenia is to be treated. The breast is to be kept warm and to be supported with bandages. Narcotic remedies may likewise be applied. The administration of Morphia, hypodermically, before it is really indicated, is to be thoroughly condemned on account of the danger of Chronic Morphinism.

## R 357

Extr. Belladonn.,  
 Empl. saponat.,      āā   3j.  
 M. f. empl.  
 S. A small quantity to be  
 applied fresh every evening.

## R 358

Tinct. Belladonn.,      3j.  
 Aqu. Lauroc.,      3 iij.  
 S. To be rubbed over the  
 breast morning and evening.

(Caution on account of the danger of Belladonna intoxication.)

**Ischias. Sciatica.** The cause giving rise to the same is to be ascertained, if possible. If there is constipation, a regular stool is to be obtained. The treatment of an exudate due to Parametritis, etc., is frequently followed with relief. If the Sciatica be due to Rheumatism, steam-baths, and the Salicylate of Soda are to be prescribed. For the attacks of pain, narcotic liniments, massage, and electricity are to be employed. (Strong galvanic currents are to be used. The electrodes are to be in the form of broad plates. The anode is to be placed upon the Sacrum, and the kathode upon the nerve or gently brushed downward along the side of the thigh.) Faradisation may likewise be tried (brush), strong currents being used. It may become necessary to resort to the employment of powerful irritants, even the actual cautery. Saline-baths (such as Ischl, Gmunden, Aussee), sulphur-baths (such as Baden near Vienna, Psytian, Trencsin-Teplitz, etc.), or indifferent thermal-baths (such as Gastein, Teplitz, Wildbad, Wiesbaden) are often beneficial.

## R 359

Extr. Opii (aquos),      3 ss.  
 Ungu. emoll.,      3 iiss.  
 S. Salve.

## R 360

Veratrin.,  
 Morph. mur.,      āā   gr. iss.  
 Vaselín.,      3 iiss.  
 S. Salve.

## R 361

Bals. Opodeldoc.,      3 x.  
 Tinct. Opii crocat.,      3j.  
 S. To be rubbed over the skin morning and evening.

If the pain is very severe, it is permissible to administer Morphia, hypodermically.

Antipyrin and Phenacetin, even in Sciatica, act marvelously at times.

### R 362

Antipyrini,  
Aqu. dest.,                      āā    3 ij.  
S. Inject 1 or 2 hypodermic-syringefuls into the thigh.

As a counter-irritant, Emplastr. Cantharidum may be highly recommended.

The following may also be employed as a soothing remedy:

### R 364 Empl. Euphorbii,

3 v.

S. To be spread upon a piece of linen, applied to the thigh, and held in place with strips of adhesive plaster.

**Singultus. Hiccough.** The causative Hysteria, Anæmia, Gastric, or Intestinal affection that gives rise to the same is to be treated. Swallowing cracked ice, dropping Ether in the vicinity of the Diaphragm, the applications of cold or warm compresses, Sinapisma placed upon the region of the stomach, compression of the Diaphragmatic Region with the hands, and finally galvanization or faradization of the Phrenic Nerve, and faradic brushing in the vicinity of the Diaphragm are all measures which may afford relief.

### R 365

Bismuth. subnitric.,            3 ss.  
Morphii mur., gr.  $\frac{3}{4}$  to gr. iss.  
Sacch. alb.,                      3 j.  
M. f. pulv. Div. in dos. No. 10.  
S. 1 powder every 2 hours.

### R 366

Chloroform.,                      3 ss.  
Mucilag. gumm. Arab.,  
Syr. Ribium,                      āā    3 vj.  
Aqu. dest.,                      3 v.  
S. 1 tablespoonful every 2 hrs.

### R 367 Chloral hydrat.,

gr. xlv.

Mucilag. gumm. Arab.,

Syr. rub. Idæi,

āā    3 ss.

Aq. dest.,

3 ij.

S. Half to be taken at one time; if necessary, the remainder in doses of 1 tablespoonful every 2 hours.

**Paralysis Nervi Facialis. Paralysis of the Facial Nerve.** Whenever possible, the treatment is to be directed toward the cause. An abscess or tumor compressing the nerve is to be removed; if Syphilis is present, Mercury and the Iodides are to be prescribed. In recently acquired Rheumatic paralysis, a diaphoretic procedure is indicated, likewise electricity. If the faradic excitability of the paralyzed muscles is still preserved, or if it is commencing to return, each facial muscle is to undergo faradisation twice a day. If the faradic excitability of the paralyzed muscle is not present, Labile galvanization of the same is to take place. Finally galvanization of the Facial nerve itself with weak currents (the anode being applied upon the Mastoid Process of the affected side and the kathode upon the healthy side) may be highly recommended. In stubborn cases that do not readily yield to electricity, the following may be tried:

℞ 368 Strychnin. nitric., gr.  $\frac{3}{4}$ .  
 Aqu. dest., 3 iiss.  
 S.  $\frac{1}{2}$  hypodermic-syringeful (7 M.) is to be injected daily; afterward the dose is to be increased to 1 hypodermic-syringeful (15 M.) per day.

**Chorea St. Viti. St. Vitus Dance.** If Coprostasis, Helminthia, or sexual disorders exist, they are to be relieved. Every form of excitement and mental taxation is to be forbidden. Attention is to be paid to securing a regular stool; a light diet is to be prescribed. Mild, cold hydropathic procedures are wont to prove beneficial. (Douches at a temperature of from 72 to 75° F., followed with friction of the body are best). If a painful area (point apophysaire, usually situated on the second spinous process of the Cervical Vertebra) can be found, galvanization is to be tried—the anode (1.5 to 2 M. Amp.) being placed upon the Spinous Process and the kathode upon Sternum. Treat Rheumatic Chorea with the salicylates.

℞ 369  
 Natr. bromat., 3 iiss.  
 Aqu. dest., 3 v.  
 Syr. rub. Idaci, 3 j.  
 S. 1 tablespoonsul every 3 hours.

℞ 370  
 Acid. Arsenicosi, gr.  $\frac{3}{4}$ .  
 Rad. Liquirit. pul., 3 j.  
 Mellis qu. s. u. f. pil. No. 100.  
 Cosp. Sacch. lactis.  
 S. 1 to 4 pills per day for from 3 to 4 weeks.

- ℞ 371 Sol. arsen. Fowleri, 3 ij.  
 Tinct. Absynth. comp., 3 vj.  
 S. 5 drops 3 times per day after meals, dose to be gradually increased until 30 drops per day are taken.

If there is concomitant anæmia, it is advisable to prescribe such waters as Roncegno, Levico, or Guberquelle (2 teaspoonfuls daily; later the dose is to be increased to 2 table-spoonfuls). Or:

- ℞ 372 Ferr. oxydat. dialys., gr. lxxv.  
 Sol. arsen. Fowleri, ℥ xv. to xlv.  
 Aqu. dest., 3 v.  
 Aqu. Menth., pip.,  
 Syr. Cinnamom., āā 3 ss.  
 S. 1 tablespoonful 3 times daily.

- |  |   |
|--|---|
| <p>℞ 373<br/>         Ferr. Arsenicos. cum.,<br/>         Ammon. citric., gr. iij.<br/>         Sacch. alb., 3 j.<br/>         M. f. pulv. Div. in dos. æqua.<br/>         No. 10.<br/>         S. 2 or 3 powders daily.</p> | <p>℞ 374<br/>         Chloral. hydrat., 3 iiss.<br/>         Aqu. dest., 3 iij.<br/>         Syr. cort. Aurant., 3 x.<br/>         S. 1 tablespoonful until there is composure.</p> |
|--|---|

In very severe cases, injections of Morphia may be given to produce sleep.

And finally inhalations of Chloroform until partial narcosis is induced.

**Morbus Sacer. Epilepsy.** The treatment is to be directed toward the cause. If Syphilis can be connected with the cause, it is to be treated. The over-consumption of alcohol is to be avoided. Excision of cicatrices or the removal of Helminthia as well as the avoidance of bodily and mental excitement, a mild diet, the securing of a daily stool, and an avoidance of strong coffee, tea, and sexual excesses are often followed with good results. During an attack, the patient is to be placed in a suitable position (bed or floor) in order that he may be protected from injuring himself. Tight clothes are to be loosened. A systematic Bromide treatment is to be prescribed and to be

continued for years, but above all an accurate record is to be kept of the individual attacks before the treatment and during the same. The Bromide Mixture consisting of the Bromides of Potassium, Soda, and Ammonia is to be given in increasing doses until the disappearance of the attacks. In individuals over sixteen years of age, the following is to be taken for 14 days:

℞ 375 Kal. brom.,  
 Natr. brom. āā gr. xxj.  
 Ammon. bromat., gr. xss.  
 M. f. p. dent tal. dos. No. 14 ad chartam ceratam.  
 S. 1 powder every day, dissolved in about 5 ounces of water, a third is to be taken morning, noon, and evening, immediately after meals (best taken in a little soda-water).

For the second 14 days the following is to be taken:

℞ 376 Kal. bromat.,  
 Natr. bromat., āā 5 ss.  
 Amm. bromat., gr. xv.  
 M. f. p. dent tal. dos. No. 14  
 ad chartam ceratam.  
 S. Take like the preceding.

And finally:

℞ 378 Kal. bromat.,  
 Natr. bromat., āā gr. xlv.  
 Ammon. bromat., gr. xxiv.  
 M. f. p. dent. tal. dos. No. 14, ad chartam ceratam.  
 S. Take like the preceding.

For the third 14 days the following is to be taken:

℞ 377 Kal. bromat.,  
 Natr. bromat., āā gr. xl.  
 Amm. bromat., gr. xvij.  
 M. f. pul. dent. tal. dos. No. 14  
 ad chartam ceratam.  
 S. Take like the preceding.

This latter daily dose is to be taken for a longer time. If the attacks cease after a lapse of from 4 to 6 weeks, a return is made to the next lower daily dose (℞ 377). This dose is then to be continued. If after a longer interval (several months) no attacks make their appearance, the daily dose may be still further reduced. Quite frequently it happens that at a very early date symptoms of Bromism make their appearance (not





scribed, and an abundance of exercise in the open air advised. A suitable occupation is to be selected; thrilling literature is to be avoided. The main thing is a psychic treatment conforming to the individual—the carrying out of which, however, may require the employment of many therapeutical measures and the resort to varied internal medication.

For example, the following remedies:

### ℞ 381

Rad. Valeriani,                   3 v.  
Flor. Aur.,  
Herb. Meliss.,       āā   3 iiss.  
S. As a tea; 1 dram every  
morning and evening to be  
added to a cup of water.

### ℞ 382

Tinct. Valer. Ether.,       3 iiss.  
Tinet. Castorei,           3 ss.  
S. 10 drops 3 times daily.

### ℞ 383

Aqu. lauroceras.,           3 iiss.  
Tinct. Nue. vom.,       ℥ xv.  
Tinct. Castorei,           3 ss.  
S. 5 to 10 drops 3 times daily.

### ℞ 384

Kal. bromat.,               3 iiss.  
Div. in dos. æqu. No. 10.  
S. 1 powder in water 2 to 4  
times daily.

For nervous pains and excitement, Antipyrin and Phenacetin may be given. Likewise, Morphine internally or subcutaneously. Morphine injections, however, are to be administered only in ease of extreme necessity—the same applies to Chloral and the other hypnotics.

**Agrypnia. Nervous Sleeplessness.** Above all, change of locality. During the winter, the South; during the summer, a quiet stay in the higher mountainous altitudes may be recommended. Regulation of the mode of life and occupation at times suffice to produce sleep; likewise, avoidance of mental work and excitement at night and late evening meals. Luke-warm baths immediately before going to bed may be tried. Occasionally, a small quantity of heavy beer proves an excellent hypnotic. The efficacious medicaments are to be prescribed with care and in as small doses as possible, on account of the danger of acquiring the habit of taking them, as well as on account of their injurious results. Morphine and opiates are to be avoided, if possible.

## R 385

Chloral. hydr., gr. xv. to xlv.  
 Aqu. dest.,  $\bar{3}$  ij.  
 Syr. cort. Aur.,  $\bar{3}$  vj.  
 S. To be given at night, after  
 which a quantity of water  
 is to be taken.

## R 386

Chloral. hydrat., gr. xv. to xlv.  
 Morphii muriat., gr.  $\frac{1}{4}$ .  
 Aqu. dest.,  $\bar{3}$  ij.  
 Syr. cort. Aur.,  $\bar{3}$  iv.  
 S. Like the preceding.

## R 389

Chloralamid., gr. xlv.  
 Acid. mur. dil., gtt. v.  
 Aqu. dest.,  $\bar{3}$  iss.  
 Syr. rub. Idæi,  $\bar{3}$  iv.  
 S. To be taken in 1 dose.

Chloral and Chloralamid may also be recommended for administration per enemata.

Chloral in  $7\frac{1}{2}$ -grain capsules (Limousin's), of which from 2 to 4 are to be taken in the evening, is an advantageous way of administering the drug.

## R 390

Paraldehyd.,  $\bar{3}$  j. to iss.  
 Tinct. cort. Cinnamom.,  
 $\bar{3}$  ij. to iij.  
 S. To be taken at night.

## R 387

Natrii Bromati,  $\bar{3}$  ss. to j.  
 S. To be taken at night in  
 Soda-water.

## R 388

Sulfonal., gr. xv. to xxx.  
 S. To be taken at night one  
 hour before going to bed,  
 and to be followed by a cup  
 of Chamomile tea or a glass  
 of hot lemonade.

## R 391

Amylen. hydrat.,  $\bar{3}$  iss.  
 Aqu. dest.,  $\bar{3}$  iss.  
 Syr. simpl.,  $\bar{3}$  iv.  
 S. Half is to be taken.

## R 392

Amylen. hydrat.,  $\bar{9}$  iij.  
 Aqu. dest.,  $\bar{3}$  iss.  
 Mucilag. Gummi Arab.,  $\bar{3}$  iij.  
 S. As an enema.

Finally the following, which is very effectual in Psychoses, may be tried;

- ℞ 393 Hyoscini hydroiodici, gr. 1/7.  
 Aqu. dest., ʒ iiss.  
 S. 1/5 to 1/2 hypodermic-syringeful (3 to 7 M) is  
 to be injected subcutaneously.

On account of the rapidity and suddenness of the appearance of symptoms of intoxication, the dose of Hyoscine is to be increased gradually and with the greatest care.

Internally, it may be given in the following form:

- ℞ 394 Hyoscini hydroiodici, gr. 1/7.  
 Pulv. et. extr. Liquir. qu. s. u. f. pil. No. 50.  
 Consp. pulv. Cinnamom. Cassiæ.  
 S. 2 to 4 pills during the day.

**Paralysis Agitans. Parkinson's Disease. Shaking Palsy.** Occasionally, mild baths (Indifferent Thermal), such as Gastein, Bormio, etc., have a soothing influence upon the distressing symptoms of the disease. For the treatment of insomnia, subcutaneous injections of Morphia and the administration of Chloral internally and per enemata will become necessary. Lukewarm baths, pine-needle baths, and saline-baths may be tried, likewise the following internally:

- ℞ 395 Acidi arsenicosi, gr. iss.  
 Mass. pil. qu. s. f. pil. No. 100.  
 Consp. pulv. Cinnamom.  
 S. 1 to 10 pills per day. At first, 1 pill is to be given; and the dose gradually increased until not more than 10 per day are taken; after which the dose is to be decreased in the same way.

Furthermore, a careful Hyoscine treatment may be tried (vide Agrypnia). The results up to the present time, however, have been very unsatisfactory.

**Tetanus. Lockjaw.** The first indication is to cleanse and disinfect the wound or excise the wounded parts. Every form of excretion is to be stimulated as much as possible, especially diuresis and diaphoresis.

Warm baths, followed by envelopment of the body in wet sheets and the drinking of a cup of hot Linden-blossom tea, or any other diuretic tea and the free use of liquids, milk, etc., are advisable. Furthermore, internally:

℞ 396	Diuretini,	℥ iv.
	Aqu. dest.,	℥ v.
	Syr. simple.,	℥ iv.
	S.	1 tablespoonful every 2 hours.

Likewise, subcutaneous injections of Morphia (grain  $\frac{1}{8}$  to  $\frac{1}{4}$ ) several times during the day. Chloral may also be administered either internally (drachm  $\frac{1}{2}$  to drachm 1, or even more pro die), or in the form of enemata or subcutaneously:

℞ 397	Chloral. hydrat.,	
	Aqu. dest.,	āā 3 iij.
	S.	1 to 2 hypodermic-syringe-fuls are to be injected.

These Chloral injections are very painful and must be given with the greatest antiseptic precautions.

It is very important that sufficient nutriment is administered. It is to be given in a fluid state while there is Trismus.

**Tetany.** In fresh cases, a mild diaphoretic procedure is frequently followed by good results. In other cases, Natr. Bromat. (drachms  $\frac{1}{2}$  to  $1\frac{1}{2}$  pro die) is to be prescribed. If the spasms are extremely painful and involve diffuse areas, subcutaneous injections of Morphia are to be administered. Chloral likewise may be recommended.

**Typhus Abdominalis. Typhoid Fever.** The patient is to be confined to a frequently ventilated room having a temperature of from 64 to 65° F. Care is to be taken that the sheets of the bed do not become creased; the covering is to be light. The bedding and linen of the patient must be changed often. The position of the patient is to be changed from time to time, and the mouth frequently and thoroughly cleansed. The diet from the very inception of the disease is to be nutritious, but fluid under every circumstance until pronounced convalescence sets in. Milk, eggs, broth, wine (light wine is the best) champagne diluted with water, and weak wine broths may be administered, but always in small quantities and at frequent intervals. The patient is to drink pure water, but in case of excessive thirst an organic, acidulous beverage such as lemonade or orangeade may be taken.

℞ 398    Acid. phosphor.,                                ʒj.  
              Syr. rub. Idæi,                                ʒx.  
              S.    To be added to the drinking water.

The Axillary temperature is to be taken every two hours and a careful record of the same kept upon a chart. For the most part, the medicinal antipyretics may be dispensed with, especially when the fever is moderate, and even when it is high, providing there are facilities for administering baths. Antipyretics are to be administered, when baths can not be given, or when they are contra-indicated (see below), or when the fever notwithstanding the employment of baths does not show a tendency to remit. They are not usually administered, unless the fever is above 103° F.

℞ 399  
Antipyrin., gr. lxxv.  
Div. in dos. No. 10.  
S. To be taken according to  
the direction of the physician.

R 400  
Quinin. mur., gr. xlv.  
Div. in dos. No. 6.  
S. According to indications.

R 401 Phenacetin., gr. lxxv.  
Div. in dos. No. 10.  
S. According to indications.

When medicines are vomited, the following is to be prescribed:

℞ 402 Quinin. mur., 5 ss. to gr. xlv.  
Acidi mur., qu. s. ad. sol. in Aqu. dest. 3 vj.  
Mucil. gumm. Arab., 3 j.  
S. Enough for 2 or 3 enemata.

And finally, during the whole course of the disease, the administration of one of the following, or two or more alternately, has been highly recommended:

℞ 403  
Acid. mur. dilut.,  
(1:180) ℥ ivss.  
Syr. rub. Idæi, ℥ ss.  
S. 1 tablespoonful every 2  
hours.

R 404  
Dermatoli, gr. lxxv.  
Div. in dos. No. 10.  
S. 1 powder every 2 hours.



In very severe cases, the following is to be administered during the entire course of the affection:

℞ 407 Vini Xerensis. (or brandy), ʒ iss.  
 Aq. Cinnamom., ʒ iij.  
 Syr. simpl., ʒ ss.  
 Vitell. ovor. duo.  
 S. 1 tablespoonful every hour.

Constipation is to be combated with enemata or the internal administration of Calomel (3 grains, two to three times during the day). When there is Meteorism, cold compresses are to be applied upon the abdomen or a long rectal tube is to be inserted (with great care). Intestinal hemorrhage is to be treated by placing cold applications upon the abdomen, or with enemata of ice-water. Cracked ice, and ice-cream may also be given.

℞ 408  
 Alumin. crud., ʒ ss.  
 Opii pur., gr. ivss.  
 Sacch. alb. ʒ j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder every 3 hours.

℞ 409 Also:  
 Plumb. Acetic.,  
 Opii pur., āā gr. ivss.  
 Sacch. alb., ʒ j.  
 M. f. p. div. in dos. æqu. No.  
 10.  
 S. 1 powder every 3 hours.

Or: Injection of Ergotin. (See ℞ 54.)

℞ 410 Ergotin. dialysati, ʒ ss.  
 Aq. fontis., ʒ v.  
 Syr. rub. Idæi, ʒ j.  
 S. 1 tablespoonful every 1 to 2 hours.

When there is a concomitant Bronchitis, the position of the body is to be frequently changed so as to avoid hypostatic congestions. The administration of expectorants may be indicated (see Bronch. Acuta) Attention is to be paid to the function of the bladder; in the event of paralysis of the Detrusor Vesicæ, it is to be regularly catheterized. Upon the appearance of the first symptoms of cardiac weakness and collapse, heavy wines are to be freely administered, or champagne or hot claret, to which 20 drops of Tincture of Cinnamom. may be added to each wine-glassful. Strong meat broths, black coffee, tea, rum, brandy, etc., are likewise advisable.

## R 411

Aq. Melissæ,                    ̄ v.  
 Liq. Ammon. anisat.,       ̄ j.  
 Syr. capillor. Vener.,       ̄ v.  
 S. 1 tablespoonful every 2  
 hours.

## R 412

Inf. rad. Valerian. (e 1:15) ̄ v.  
 (Liq. Ammon. anis.,       ̄ j.)  
 Syr. cort. aurant.,       ̄ v.  
 S. 1 tablespoonful every 2  
 hours.

If collapse has already set in, in addition to the free administration of the above-mentioned stimulating remedies, one of the following:

## R 413

Camphor. ras.,                gr. xv.  
 Mucilag. Arab.,               ̄ v.  
 Aq. fontis.,                   ̄ vj.  
 S. To be used in 2 enemata.

## R 414

Ether. Sulphur.,               ̄ iiss.  
 Camphor. ras.,                gr. xv.  
 S. 1 or 2 hypodermic-syringe-  
 fuls are to be injected.

R 415    Ol. camphorat.,                       ̄ j.  
           S. 1 or 2 hypodermic-syringefuls.

**Dysentery.** **Dysentery.** Prophylactic precautions are to be taken at the time of a reigning epidemic. Care is to be exercised about the diet. The ingestion of a large amount of fruit and laxative food is to be avoided. Precautions are to be taken against the contraction of colds or the use of infected closets. When the disease has made its appearance, the patient is to be isolated; the vessels used for holding the stools are to be thoroughly disinfected, as are also the water-closets. Even in mild cases, rest in bed is advisable. Warm (wet or dry) compresses are to be placed upon the abdomen. The diet is to consist of liquid food only, such as demulcent soups, rice-water, warm milk, warm claret, tea with rum, etc. The mouth is to be frequently rinsed with cold water. Lukewarm baths, taken frequently, are beneficial. The treatment is always to be commenced with the administration of a cathartic.

## R 416

Ol. Ricini,                       ̄ iij.  
 S. 2 to 4 tablespoonfuls are  
 to be administered immedi-  
 ately; to be repeated, if nec-  
 essary.

## R 417

Calomelanos.,                gr. xv. to xxx.  
 Div. in dos. No. 4.  
 S. Take 1 powder; and three  
 hours after, if no stool is  
 obtained, take 1 tablespoon-  
 ful Ol. Ricini.



If, after the third day, there is not a rapid recovery, the cathartic is to be repeated. During the further course of the affection, the following, internally:

**R 418**

Inf. rad. Ipecac. (e .03:150),  
 $\bar{z}$  v.  
 Tinct. Opii simpl., gtt. xx.  
 Syr. Althææ,  $\bar{z}$  v.  
 S. 1 tablespoonful every 2  
 hours.

**R 419**

Pulv. rad. Ipecac., gr. viiss.  
 Extr. Opii (aquos), gr. iij.  
 Sacchar. alb.,  $\bar{z}$  j.  
 M. f. p. Div. in dos. æqu. No.  
 10.  
 S. 1 powder every 2 hours.

In some cases, the following remedies act well:

**R 420**

Calomelan. læv.,  
 Opii pur., āā gr. ivss.  
 Sacch. alb.,  $\bar{z}$  j.  
 M. f. p. Div. in dos. æqu. No.  
 10.  
 S. 3 or 4 powders daily.

**R 421**

Bismuthi Subnitrici, gr. lxxv.  
 Extr. Opii, gr. iij.  
 M. f. p. div. in dos. No. 10.  
 S. 1 powder every 2 hours.

**R 422**

Natrii Salicylici, gr. xxx. to xlv.  
 Aq. dest.,  $\bar{z}$  v.  
 Syr. Althææ,  $\bar{z}$  v.  
 S. 1 tablespoonful every 2 hours.

Enemata of water are very beneficial. They are to be given with great care, however, on account of the frequent inflammations and excoriations of the rectal mucous membrane which they induce. In the commencement, starch enemata, enemata of Salep, etc., to which Opium has been added, may be given; later, when the mucous membrane is blennorrhagic and the stools purulent, astringent injections, to which Opium may be added, are preferable.

**R 423**

Argent. nitr., gr. ivss.  
 Aqu. dest.,  $\bar{z}$  v.  
 Extr. Opii (aquos), gr. iij.  
 S. To be used in 2 enemata.

**R 424**

Quinin. mur., gr. xv.  
 Aqu. dest.,  $\bar{z}$  vj.  
 Mucil. gumm. Arab.,  $\bar{z}$  j.  
 S. Enemata. 1 or 2 during  
 the day.

Furthermore, the remedy recommended by Cantani may be employed (see Cholera Nostras).

In using Carbolic Acid and Salicylic Acid in enemata, care is to be exercised on account of the rapid absorption (and, in consequence, intoxication) which may take place by reason of the loss of substance of the internal mucous membrane.

When there is excessive tenesmus, warm compresses are to be applied over the buttocks. Sitting over a vessel of steaming water will often afford relief; furthermore, the following:

### R 425

Opii pur., gr. iij.  
Acid. Tannic., gr. xv.  
But. Cacao q. s. ut f. suppos.  
No. 10.

S. 1 suppository morning and evening.

### R 426

Extr. Belladonn., gr. iss.  
Morph. mur., gr.  $\frac{3}{4}$   
But. Cacao q. s. ut. f. suppos.  
No. 5.

S. Like the preceding.

In case of internal hemorrhage, the ice-bag, cold compresses, irrigations with ice-cold water or vinegar are to be employed; for collapse, use stimulants.

**Cholera Nostras. Cholera Morbus.** A prolonged hot bath is to be given immediately (mustard may be added), also a glass of champagne or brandy with ice, or sodawater, or cracked ice. Subcutaneous injections of Olei. Camphoratum, energetic friction of the extremities and trunk, and enveloping the patient in hot cloths are procedures to be employed, according to the urgency of the case. When there are intense cramps of the calves, Morphinum is to be administered subcutaneously. In severe cases, simulating Asiatic Cholera, subcutaneous infusions of a physiological solution of salt and water (Natrii Chlorati, 7 to 10 parts; Aq. dest. sterilisat., 1000 parts, heated to the temperature of 97° F.) is to be given. The integument of the thigh or abdomen is best suited for these injections. The resulting subcutaneous Œdema quickly disappears under massage. A 1½-per-cent Tannin solution, varying in quantity from 1 to 2 liters, may also be administered in the form of an irrigation per rectum, or the following (highly recommended by Cantani) may be given in the form of an enema: R Tannin., grains, 45 to 90; Gummi Arabic., drachms, 12½; warm sterilized water,

ounces, 31½; Tinct. Opii Simpl., drops, 30 to 50. As soon as emesis ceases, fluids are to be given freely; later, if the diarrhœa persists, preparations of Opium as in dysentery.

**Scarlatina. Scarlet Fever.** The temperature of the room in which the patient is confined is to be kept at from 63 to 65° F. A rigid diet is to be prescribed, consisting principally of milk, preparations made from milk, Cocoa, weak coffee, soft-boiled eggs, and from time to time (but only when requested by the patient) a little meat broth and chaudeau. Meat is not to be given until desquamation has completely ceased. The urine is to be examined daily for albumen. Special attention is to be given to the skin; a frequent change of linen is desirable. After the exanthema pales, if the skin is dry and indurated, it is advisable to annoint with lard. During the entire course of the disease the greatest attention is to be paid to the mouth.

R 427

Kali chloric.,                    ʒ ij.  
Aq. fontis,                    ʒ xv.  
S. Gargarisma.

R 428

Kali chloric.,                    gr. xxiv.  
Aq. fontis,                    ʒ iiiss.  
S. To be used during the day.

If a Scarlet-Fever Diphtheria and marked swelling of the Lymphatic Glands of the neck develop, paren-chymatous injections of a 2 to 3-per-cent solution of Carbolic Acid into the Tonsils and Palatal Arch are advisable.—HEUBNER.

R 429    Acid. Carbolic.,                    gr. vj. to ix.  
          Aq. dest.,                    ʒ v.

S. Inject (with a hypodermic syringe having a long needle) into Tonsils 1 or 2 times during the day.

The swollen Lymphatic Glands of the neck are to be annointed 2 or 3 times daily with the following:

R 430            Idoformi,                    gr. xv.  
                  Ungu. simpl.,                    ʒ ss.  
                  S. Ointment.

Nasal or aural affections, developing during the course of or after the disease, are to be treated according to the rules herein-after spoken of in the special chapters. When the fever remains high and the general symptoms are severe, especially those of the nervous system, cold hydropathic procedures may be highly

recommended. Baths at a temperature of 90° F. (to be reduced to 76° F. by adding cold water,) may be given 2 or 3 times during the day. If the nervous disorders are of a high grade and the respiration is feeble, cold douching of the patient while in the bath is indicated. In addition, wine, and strong coffee are to be given as stimulants, and if the heart becomes weak and collapse is imminent, subcutaneous injections of Camphor. Antipyretics are not advisable, but if deemed necessary, Quinine (see R 400, 402) is preferable.

If the pulse becomes very much accelerated, in addition to the stimulants, an ice-bag is to be placed on the head or Digitalis (see pages 26 and 27) administered.

After the fever has ceased and when desquamation commences, repeated lukewarm baths are advisable. The patient must not leave the bed under any circumstances before the end of the fourth week. If Nephritis develops, see Nephritis.

In complicating inflammation of the joints, compresses saturated with Liq. Plumbi Subacetatis are to be enveloped about the same.

Mild cathartics and enemata are to be employed to relieve an existing constipation.

**Morbilli. Measles.** The temperature of the room is to be kept somewhat high (68 to 70° F.) and the room darkened on account of the photophobia which is usually present. Rest in bed is advisable until desquamation is completed. The eyes, nostrils, and oral cavity are to be washed out regularly with lukewarm water. The air of the room should be moist (70 per cent of moisture). This may be brought about by placing a water-vessel on a stove and allowing it to steam, or by stretching wet linen sheets across the room. During the febrile stage, wine, bouillon, milk, and soft-boiled eggs are to constitute the principal food but a small amount of meat may be given if there are no intestinal complications and if it is requested by the patient. After the fever has ceased, nutritious food is to be administered. For the cough, sedatives are to be prescribed (see same). For the purpose of stimulating deep inspirations and promoting expectoration, lukewarm baths are advisable. They may be accompanied with cold douches (see Typhus Abdominalis). Inhalations of steaming water or of medicated solutions, or even cold

packings (2 or 3 times daily for 3 hours at a time) may also be recommended. The following expectorant may be prescribed when there is an accumulation of secretions in the Bronchi.

℞ 431 Inf. Ipecac. ( $\frac{1}{2}$  to 1:180),                      ̄v vss.  
           Syrupi Ipecac.,                                      ̄v.  
           (Codein. phosphor.,                                gr.  $\frac{1}{3}$ ), etc.  
           M. S. 1 tablespoonful every 3 hours.

When desquamation sets in and the catarrhal symptoms commence to disappear, lukewarm baths are to be prescribed. For the treatment of affections of the eye and ear developing during or after the disease, see special chapters devoted to these subjects.

**Septichæmia. Pyæmia.** The treatment is to be surgical when the primary seat of infection can be diagnosed and reached. Medicinally:

℞ 432 Phenacetini,                                      gr. lxxv.  
           Div. in dos. No. 20.  
           S. From 3 powders per day, increase gradually to 8 powders per day.

The remaining treatment is to be purely symptomatic. For the fever and chills, Quinine and Antipyrin (℞ 399, 400, 401) are to be prescribed, also baths; likewise, when there are indications for the same, stimulants and narcotics. Recently, the following has been frequently employed in the St. Anna Children's Hospital, Vienna, in the treatment of Scarlet Fever:

℞ 433 Cresoli (Ortho.),                                gm. 0.4  
           Aq. dest.,    gm. 20.0  
           (Sterilized in flasks.)  
           S. For injection.

In the commencement, 0.02 grams are to be injected with a hypodermic syringe and gradually increased to 0.08 grams a day. To avoid too frequent injections, the solution is to be administered in a more concentrated form each time.

The free use of alcohol (champagne, sherry, and brandy) is advisable when indicated. Attention is to be paid to the care of the skin in order to prevent the formation of bed-sores. For other precautionary measures, see Typhus Abdominalis.



In the same way Salophen, Salipyrin, Tolypyrin, Phenocolum, Hydrochloricum, and Tolysal may be given, especially when the Salicylates are not well borne or give rise to varied disorders. When the heart is involved or thought to be, the following is to be prescribed:

℞ 438 Inf. fol. Dig. purp. ( $\frac{1}{2}$  to 150),      ̄3 v.  
           Syrupi rubi Idæi,                              ̄3 v.  
           S. 1 tablespoonful every 2 hours.

If after the cessation of fever, swelling and pain still remain in the joints, the compresses saturated with Liqu. Plumbi Sub-Acetatis are to be continued or hot hand- and foot-baths are to be given. Sand- or foot-baths may be highly recommended; also hot-water baths (90 to 95° F.); and later saline-baths. Painting the affected joints with the following is also an advisable procedure:

℞ 439 Ichthyoli,                                      3j.  
           Glycerini,                                    3 x.  
           S. Externally.

Cold hydropathic procedures and massage are useful in relieving the resulting conditions of the disease. A tonic treatment is to be prescribed in addition, especially Iron-Manganate preparations:

℞ 440 Liqu. ferri mangano-peptonati, ̄3 vj.  
           S. 1 teaspoonful 2 or 3 times daily.

Or some other Hæmaticum (for instance Hæmaticum Glausch) in the same dose. When there is a tendency to relapses, climatic sanatoria may be highly recommended. Attention is to be paid to the clothing (woolen). Bathing daily in water at a temperature of 72° F. may be highly recommended; also cool Acrato-thermal waters (Johannesbad, Ragatz, Wildbad, etc.).

**Rheumatismus Articul. Chron. Chronic Articular Rheumatism.** Trials with the Salicylates are to be made from time to time and repeated, as it frequently happens that results are obtained even in the chronic form. In general, the treatment is to be a tonic one. Quinine and Iron preparations are indicated. If there be excessive pain, Antipyrin and Phe-



nacetin are to be prescribed, or one of the remedies previously mentioned. When the process has been arrested, treatment at the various bathing resorts may be highly recommended, especially mud-baths, saline-baths (at a temperature of 90° F.), in-different thermal-baths, and finally in retrogressing cases, cold hydropathic procedures and massage.

Vigorous treatment with baths and massage is not advisable under any circumstance when the affection is florid. Attention must be paid to the condition of the dwelling; damp surroundings, etc., are to be avoided. Internally:

### R 441

Lithii Iodat., gr. viiss.  
Aquæ dest., 3 v.  
Syr. Aurant., 3 ss.  
S. 1 tablespoonful every 2  
hours.

### R 442

Ichthyoli, 3 ss.  
Pulv. et extr. Acor. q. s. u. f.  
pulv. No. 20.  
S. From 1 pill 3 times a day,  
gradually, increase to 3 pills  
3 times a day. Or:

R 443 Natrii Iodat., gr. xlv.  
Aq. dest., 3 v.  
S. 1 or 2 tablespoonfuls 2 times daily.

The following is well suited for external applications:

R 444 Iodoformii, gr. xlv.  
Extr. Opii, 3 ss. (or Ichthyol, 3 ss.).  
Ungu. simpl., 3 j.  
Ol. Bergamott., gtts. v.  
M. f. unguentum.  
S. Ointment.

## Rheumatismus Musculorum. Muscular Rheumatism.

In recent cases, diaphoresis and massage are indicated. Vigorous faradisation of the muscle is frequently very effective, as are also the applications of anodynes locally. Internally:

### R 445

Iodopyrin, 3 j.  
Div. in dos. No. 8.  
S. 3 or 4 powders pro die.

Or:

Iodophenin, }  
Antipyrin, } In same doses.  
Phenacetin, }



For the relief of the pain, anodyne liniments or salves are to be rubbed over the affected parts:

R 446

Extr. Hyoseyam., gr. xv.  
 Ungu. emoll., 3 v.  
 S. Salve. Or:

R 447

Chloroformi,  
 Ol. Olivar., āā 3 iv.  
 Tinct. Opii simpl., 3 ij.  
 S. Liniment.

**Febris Intermittens. Malaria.** Prophylactic precautions are to be taken during a sojourn in malarious regions. At night, the windows are to be kept closed. It is advisable that the dwelling be in a locality as remote and high above the level of the swamp as possible. After sunset, certain localities are to be avoided. Bathing in the streams and ponds in the malarious region is not to be indulged in. Melons, cucumbers, and unripe fruit are not to be eaten. During the first stage of an attack of the fever itself, if the same is very severe, the body is to be vigorously rubbed with warm cloths; 1 or 2 cups of tea are to be taken. Hot baths may likewise be administered. If there is excessive vomiting, a few drops of the Tincture of Opium are to be given. In the stage following closely after, accompanied for the most part with a feeling of heat, the patient is to drink cold beverages; cold compresses are to be placed upon the head. During the Apyrexia the following:

R 448

Quinin. mur., gr. lxxv.

Div. in dos. No. 10.

(Ad caps. Amyl.)

S. 1 capsule is to be given 3 hours before the attack, another 2 hours before and a third 1 hour before.

R 449

Quinin. mur., gr. xv.  
 Extr. Taraxaci q. s. u. f. pill.  
 No. 5.

S. 1 pill 3 hours before the attack, and 1 every half-hour after.

Or:

R 450

Methylenblue, gr. ivss.  
 Sacchar., gr. xx.

M. f. p. div. in dos. No. 3.

S. 1 powder 3 times daily.

On the days that the attacks do not occur, the following is to be prescribed:

℞ 451 Cort. Quinin. fusc., 3 v.  
 Coque cum vin. Gallic. ad col., 3 vj.  
 Syr. Cinnamom., 3 vj.  
 S. 1 tablespoonful every 2 hours.

If a malarial cachexia has existed for a long time, or if there are typical malarial neuralgias, the following is to be administered:

℞ 452	℞ 453 Or:
Acid. arsenic.,	Sol. Arsen. Fowler.,
(0.025 grammes), gr. $\frac{3}{8}$	Tinct. Gentian., āā 3 ss.
Mass. pil. q. s. f. pil. No. 50.	S. From 4 drops per day
S. 1 pill 3 times a day.	gradually increase to 40.

China-Serravallo-Wine has been highly praised.

For the reduction of the size of the splenic and hepatic tumors, resulting from prolonged malarial infections, especially those forms that are contracted in the tropics, the baths and waters of both Carlsbad and Franzensbad may be highly recommended; also, thermal waters containing Arsenic.

**Chlorosis.** There is to be a strict regulation of the mode of life. Tiring exercise is to be avoided under all circumstances. A nutritious but a mixed diet is to be prescribed. The most important part of the treatment is the carrying out of the following details: An hour after a meal has been taken in bed (consisting principally of milk) an abundant meat-breakfast is to be given (cold or warm meat, also fat, tea, sherry, etc.). The noon-day meal and supper are to be the same as usual, but during the interval milk is to be taken freely. Alcoholics (wine) is permissible in thin chlorotic individuals, but is superfluous in those inclined to be fat. Great care is to be taken to secure a regular stool; bodily exercise is to be limited as much as possible; absolute rest in bed is to be prescribed when there are cardiac symptoms (palpitation, etc.). Sojourns in the country and higher mountainous altitudes may be highly

recommended, especially to chlorotic individuals in whom there are symptoms of Neurasthenia. If there is a great deficiency of hæmoglobin, moderate altitudes or the seashore are preferable. For the most part, an entire change of climate may be highly recommended. Treatment at chalybeate springs and bathing resorts such as Franzensbad, Schwalbach, Pyrmont, Spaa, etc., is superior to any form of medication. A longer stay, combined with treatment at such mountain resorts as Levico or St. Moritz, where mineral waters can be taken simultaneously, may also be strongly advised. The use at home of waters such as the Egerer Salzquelle is of benefit in cases where the digestion is greatly impaired; and, also, when there is loss of appetite. If there is a tendency to Stypsis, in addition to these waters, a teaspoonful of salts such as those from Franzenbad and Marienbad is to be taken. Iron-Arsenic waters may be highly praised; of these (Levico, Roncegno, Srebrenica, etc.) from 1 to 3 tablespoonfuls are to be taken after meals. Iron may also be prescribed internally:

## ℞ 454

Ferr. oxalic.,  
 Natr. bicarbon.,      āā    3 ij.  
 S. 3 grains in water 3 times  
 daily.

## ℞ 455

Ferr. Hydrogen. red.,  
 Natr. bicarbon.,      āā    3 ij.  
 S. As above.

## ℞ 456

Ferr. Sulphur.,  
 Natr. bicarbon.,  
 Extr. Gentian.,      āā    3 j.  
 M. f. pil. No. 60.  
 S. 3 to 4 pills 3 times a day  
 after meals.

## ℞ 457

Tinct. Ferri pomat.,  
 Tinct. Quin. comp., āā    3 ss.  
 S. From 10 to 15 drops 3  
 times daily.

## ℞ 458

Ferr. carbon. sacch., gr. xviii.  
 Pulv. rad. Rhei,      gr. ix.  
 Elæos. Cinnamom.,  
     (or Sacch.),      3 j.  
 M. f. p. div. in dos. æqu. No. 12.  
 S. 1 powder 3 times daily.

## ℞ 459

Sanguinal-pills,  
 (Pil. Sanguinales Crewel).  
 S. 1 to 3 pills 3 times daily  
 (i. e. at first 1 pill, then 2,  
 and gradually 3 per dose.

## R 460

Ferratin Schmiedeberg, 3j.  
Div. in dos. No. 8.  
S. 1 powder 3 times daily.

## R 461

Liqu. Ferri. albuminat.  
S. 1 tablespoonful 3 times a day.

## R 462 Hæmatic. Glausch. (Tinct. Ferri manganat.).

S. As above. (1 tablespoonful equals nearly half a grain of metallic Iron.)

To chlorotic individuals in whom there is a strong *fetor ex ore*, unaccompanied with a manifest local affection, in addition to Iron, one of the following remedies is to be prescribed for disinfecting the intestinal tract:

## R 463

Ichthyol., 3 ss.  
Pulv. et extr. Acor. q. s. u. f.  
pil. No. 20.  
S. 1 to 3 pills 3 times a day,  
after meals.

## R 464

Menthol., gr. iv.  
Ol. Amygdal., gtts. v.  
Ad caps. gelat. No. 10.  
S. 2 or 3 capsules daily.

In addition, vegetables are to be taken freely. Salol may be prescribed for its disinfecting properties.

To chlorotic individuals, suffering from Dyspepsia, in addition to Iron, the following:

## R 465

Acid. mur. dil., 3 ss.  
S. 10 to 15 drops in a glass  
of water half an hour after  
eating.

## R 466

Tinct. Nuc. vom., 3 ij.  
Tinct. Quin. comp., 3 iv.  
S. 10 drops 2 times daily.

**Anæmia Gravis.** (Essential Progressive Anæmia and severe Secondary Anæmia.) Whenever possible, the treatment is to be directed toward the cause (Anchylostomiasis, Bothriocephalus latus, hemorrhages). Treatment with Iron is usually followed without results; on the other hand, the following may be highly recommended:

- ℞ 467 Acid. Arsenic., gr.  $\frac{3}{4}$ .  
 Pulv. et extr. Liquirit. q. s. ut fiant pilulæ No. 100.  
 S. From 1 pill per day, gradually increase dose to  
 10 pills per day; and then decrease in the same  
 way.

In addition, a nutritious diet and chalybeate waters are to be prescribed.

**Leukæmia.** A rigid Arsenic treatment is preferable. If the digestive tract is in a good state, in addition to a nutritious diet, Iron is to be prescribed. During the Summer, it is advisable to visit the higher mountains or the seashore. It is also advisable that such waters as those of Levico, St. Moritz, Franzensbad, etc., be taken either internally or in the form of baths. A trial may likewise be made with inhalations of Oxygen, from 60 to 80 liters being inhaled daily. Likewise the following:

- ℞ 468 Animal extracts of the Lymphatic Glands, the Spleen  
 or the Marrow, in the form of tablets of .25 gram.  
 ( $3\frac{3}{4}$  gr.).  
 S. To be prescribed according to the nature of the  
 process (in combination, if deemed advisable); or:

- ℞ 469 Natr. Arsenic., gr. iss.  
 Berberin. sulph., ʒ iiss.  
 Extr. et pulv. Liquir. q. s. ut f. pil. No. 100.  
 S. From 1 to 3 pills daily.

Whenever symptoms of arsenical intoxication appear, the remedy is to be suspended. Or:

- ℞ 470 Quinin. mur., gr. xxiv.  
 Ferr. carbon. sacch., gr. xv.  
 Elæosacch. Aurant. (or Sacch. lact.), ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times a day.

**Pseudoleukæmia. Hodgkin's Disease.** The treatment is to be the same as in Leukæmia. The hypodermic injection of from 1 to 3 drops of Solutio. Arsenic. Fowleri into the swol-

len glands may be tried; likewise tablets of the Marrow of Bone, the Spleen, and the Lymphatic Glands.

**Scorbutus. Scurvy.** Suitable dwelling quarters are to be secured and patients are to receive an abundance of rich food, especially fresh meat, vegetables, wine, or beer. It is advisable to bathe the body with vinegar and to administer cool baths. For the hemorrhages, Styptics are to be prescribed both internally and externally.

℞ 471 Ergotin. pur. (Extr. Ergot), ʒ ss.  
 Aq. dest., ʒ v.  
 Aq. Lauroc., ʒ j.  
 Syr. Moror., ʒ v.  
 S. 1 tablespoonful every 2 hours.

Subcutaneous injections of Ergot are not advised. If the teeth become loose and the gums spongy, the mouth is to be rinsed with a solution of Kali Chloric. (1 to 75), Alum or Tannin (2% solution). The gums are to be painted with the following:

℞ 472 Tinct. Myrrhæ.,  
 Tinct. Ratanhiæ.,  
 Tinct. Gallar., āā ʒ ss.  
 S. To be applied with a brush.

Furthermore, internally:

℞ 473  
 Decoct. cort. Cinchon.,  
 (e 1:20), ʒ vj.  
 Acid. mur., gtts. xv.  
 Syr. cort. Aurant., ʒ ss.  
 S. 1 tablespoonful every 2 hrs.

℞ 474  
 Tinct. nervino-tonica  
 Bestuscheffii, ʒ ss.  
 S. 10 drops 2 times daily.

Ulcerations are to be touched with Lunar Caustic (vide also Gingivitis).

In severe cases of Scorbutus, stimulants must be employed. Complications are to be treated as they arise. Convalescence is to be hastened through the administration of nutritious food-baths, and preparations of Iron and Quinine.

When there are painful hemorrhagic infiltrations of the deeper tissues of the soft parts of the body (muscles, etc.), rubbing the areas involved with Chloroform liniment may be highly recommended.

In *Purpura Hemorrhagica*, the same treatment is indicated.

℞ 475 Extr. Secal. cornut. (Ergot.), gr. xv.  
 Ferri lact., gr. xij.  
 Elæosacchar. Cinnamom. (or sacch. lact.), 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 or 4 times a day.

**Diabetes Mellitus.** The therapy is to be dietetic and hygienic. During the first few days of the treatment, an exclusive meat and fat diet is to be prescribed, in order to ascertain whether the patient belongs to the severe, moderately severe, or mild class. In the severe form (usually that of the younger individuals) an exclusive meat diet is not to be prescribed on account of increasing the danger of uric-acid intoxication. For this reason, it is advisable to prescribe a mixed diet in which meat and fat are the principal foods. In moderately severe cases and in the mild forms of Diabetes, the carbo-hydrates are to be absolutely forbidden: meat (also fish) is to be prescribed in suitable quantities 3 or 4 times a day; fatty foods are especially indicated. Attacks of indigestion are to be avoided. In place of the ordinary bread, gluten, almond, induline, and lichen (Iceland moss) breads are to be substituted. Milk is to be given only in small quantities—the amount to be prescribed will depend on the amount of sugar excreted. Beer is not to be taken and only those wines entirely free of sugar and completely fermented. All sweetened alcoholics are to be forbidden. Water, soda-water, alkaline mineral waters, tea, and cocoa are the only liquids to be taken. Saccharin, Dulcin, or Glucin may be prescribed, but only as substitutes for sugar to those patients who are absolutely unable to do without sugar in their food and beverages. Eggs, butter, cheese, salad, pickles, asparagus, and mushrooms, as well as fresh vegetables, are to be the principal foods. To avoid a sameness, the food should be differently prepared. If, after an anti-diabetic diet, the urine becomes entire-

ly free of sugar, a trial is to be made with small quantities of carbo-hydrates (bread and beer) in order to ascertain the individual tolerance. The latter is the indicator for the future treatment. Of great benefit are protracted and repeated treatments at Carlsbad, or Kissingen, Vichy, or Ems. Chalybeate springs are of great benefit to individuals much run down; likewise the use of warm baths at home, or such baths as those of Teplitz, Gastein, etc. An out-of-door life and muscular exercise are advisable, also massage of the muscles. Care of the skin and the mouth, and a thorough ventilation of the dwelling and sleeping-rooms are advisable.

Whenever the Chloride of Iron reaction can be demonstrated in the urine, large quantities of salts (Natr. bicarbon., 1 to 1½ ounces) a day are to be prescribed. For the reduction of the amount of sugar in the urine and especially for the purpose of relieving the excessive thirst, the temporary administration of Opium may be highly recommended:

# **R 476**

Opii pur., gr. ivss.  
Natr. bicarbon., gr. xlv.  
M. f. pulv. div. in dos. æqu.  
No. 10.

S. 1 powder 3 or 4 times a day.

# **R 477**

Codein., gr. ivss.  
Sacch. alba., 3j.  
M. f. pulv. div. in dos. æqu.  
No. 10.

S. 1 powder 3 or 4 times a day.

# **R 478**

Natrii salicyl.,  
Natrii bromati,  
Natrii bicarbon.,                      āā gr. xxiv.  
F. p. div. in dos. æqu. No. 3.

S. All 3 powders are to be taken during the day dissolved in water.

Cracked ice with 2 to 3 drops of Chloroform followed by brandy and water is highly praised.

Upon the appearance of the first symptoms of Coma Diabeticorum, as large quantities as possible of alkalies are to be administered per os, per enema, or by intravenous injection (Natrium carb. 3:1000 of sterilized water). Results of this treatment up to the present time however, have not been encouraging.



**Arthritis Urica, Vera. Gout.** The regulation of diet is indicated (not only the amount of meat consumed but also the whole amount of food taken). Over-nutrition should be guarded against; heavy alcoholic beverages, especially white wines, are to be strictly prohibited; light beer, however, in small quantities may be allowed. An abundance of exercise in the open air is to be advised, also gymnastics. Alkalies and alkaline-saline mineral waters (vide Nephrolithiasis,) are to be prescribed. Treatment is to be taken twice a year if possible at such resorts as Carlsbad.

During an attack, the affected parts are to be enveloped with compresses, saturated with *Liquor Plumbi Subacetatis*, over which an ice-bag is to be placed. Internally, a trial is to be made with *Natrium Salicylicum* (7½ grains several times during the day) in conjunction with *Antipyrin* and *Phenacetin*.

℞ 479 Tinct. Colchici, ʒ ss.  
Tinct. Op. Croc., ʒ ss.  
S. 15 to 20 drops 4 times a day.



# INTERNAL DISEASES

FROM THE

CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. HERMAN NOTHNAGEL, M.D.

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**Analeptica. Excitantia. Restorative, Stimulating Agents.** Under this heading may be included wines, especially the heavy wines (Tokay, sherry, port,); also brandy, tea with rum, and black coffee. Champagne possesses the quickest stimulating properties. Cold sponging, douches of cold water administered while in a warm bath, sinapisma and mustard-baths will be found excellent excitantia. A good stimulant is Camphor:

℞ 480 Camphor. ras., gr. xv.  
Olei Olivar, ʒ 2¼.  
S. Inject 1 or 2 hypodermic-syringefuls.

In case of syncope, the smelling of Ether, Ammonia, or Spir. Nitrosi is very effective. In collapse due to sudden and rapid loss of blood (for instance, Hæmatemesis) transfusion into a vein of the arm of a solution of cooking salt may be advisable. The following warmed solution is to be used:

℞ 481 Natr. Chlorat., ʒ j.  
Natr. bicarbon., gr. viiiss.  
Aq. dest., ʒ xvj.  
S. For transfusion into veins.

The same solution may also be injected subcutaneously in those regions of the body in which there is loose subcutaneous cellular tissue (for instance the breast). About three ounces of the solution are to be used for a subcutaneous injection.

**Anodynia. Analgesics.** (a.) *Those which act locally.* In pain, resulting from acute inflammation, cold applications in the form of ice-bags, Chapman's coil, and Leiter's apparatus are indicated.

Bleeding by means of leeches may also be employed to relieve pain; in anæmic or otherwise weakened patients, dry cupping.

In pain occurring during the latter stages of inflammation (as in affections involving the serous membranes), flying-blisters will often afford relief. In colic (Enteralgia, Cholelithiasis, Nephrolithiasis) cataplasma, warm baths, and Ether sprayed upon the painful area are often soothing. In Cephalalgia, Ether as well as Menthol sprayed or rubbed over the painful parts, or cold applications in general, are often followed with good results. In rheumatoid and neuralgic pains, liniments such as the following are to be employed:

**R 482**

Chloroform.,  
Ol. Olivar,      āā    q. s.  
S. Liniment.

**R 483**

Extr. Opii,                      gr. ivss.  
Ungu. emoll.,                ʒj.  
S. Rub over the affected  
parts.

Or, counter-irritants, as:

**R 484**

Spir. aromatic.,  
Spir. saponat., āā    q. s.  
S. Liniment.

**R 485**

Spir. camphorat.,      ʒ iij.  
Ol. Sinapis Ether.,      ʒ ss.  
S. Liniment.

In Trigemini neuralgia, Ethylene Chloride may be highly recommended.

Prolonged relief may be obtained from blistering with Emplas. Cantharid. Ordinar. spread upon linen, applied to the painful area, and held in place by a cloth or adhesive strip until reddening of the skin or the formation of blisters takes place (5 to 12 hours); or through flying-blisters, from which excellent results are obtained in recent neuralgia due to exposure to cold.

**R 486** Empl. Cantharid. perpet., q. s.

S. Spread upon a piece of linen about an inch square; to be applied each day upon a different painful area.

In painful Tenesmus in addition to moist, hot applications, suppositories with narcotic ingredients are to be prescribed:

R 487

Extr. Opii (aquos.), gr. iss.  
(Extr. Belladonn., gr. iss.)

But. Cacao q. s. ut f. suppos.  
No. 3.

S. 1 or 2 are to be used each  
day.

R 488

Cocain. mur., gr. ij. to gr. iiiss.  
But. Cacao. q. s. ut. f. suppos.

No. 5.

S. 1 or 2 each day.

(b) *Analgesics that act constitutionally.* At the head of these stands Morphia, which may be administered internally or subcutaneously.

R 489 Morph. mur.,

gr. j. to gr. ivss.

Aq. dest.,

3 iiss.

S. From 8 to 15 minims are to be injected hypo-  
dermically.

(In chronic affections, Morphine is to be given at as late a date and in as small doses as possible.)

In neuralgic pains, the faradic-brush is generally quite effective, also in Sciatica, Migraine, etc. Antipyrin is also very reliable.

R 490 Antipyrin.,

3 iiss.

Div. in dos. æqu. No. 10.

S. 2 to 4 powders daily (or during attacks of pain,  
1 or 2 powders in the commencement of the  
attack).

In suitable cases, subcutane-  
ously:

R 491

Antipyrin.,

Aq. fervid., āā 3 ij.

S. 1 hypodermic-syringeful is  
to be injected in the painful  
area.

Sometimes Antifebrin acts  
better than Antipyrin:

R 492

Antifebrin.,

gr. xx.

Div. in dos. æqu. No. 5.

S. 2 or 3 powders daily.

Quite frequently, the following acts promptly:

R 493 Phenacetin.,

3j.

Div. in dos. æqu. No. 6.

S. 1 powder 2 or 3 times a day.

**Antacida. Agents Counteracting Acidity.** For bitter eructations, Pyrosis, etc., the following may be highly recommended:

℞ 494    Natr. bicarb.,  
           Magnesiæ carbon.,                    āā    gr. lxxv.  
           M. f. pulv. div. in dos. æqu. No. 10.  
           S.    1 powder, after meals, 3 times a day.

In the so-called Status Gastricus, a combination with Rheum is often more effective:

℞ 495    Natr. bicarbon.,  
           Pulv. rad. Rhei,                    ēā    gr. xxij.  
           Sacch. alb.,                                3j.  
           M. f. pulv. div. in dos. æqu. No. 10.  
           S.    Like the former.

When there is hypersecretion of Hydrochloric acid (Gastroxynsis), the patient is to drink fluids frequently during the day, especially very strongly diluted Russian Tea (Tea with Rum), from  $\frac{1}{2}$  to 1 quart daily. If, at the same time, a tendency to constipation exists, the following is advisable:

℞ 496    Magnes. ust. (or carbon.),            3 iss. to iiss.  
           Aq. font.,                                3 v.  
           Syr. cort. Aurant.,                    3 v.  
           S.    1 tablespoonful every 2 hours; to be well shaken before being taken.

**Anthelmintica. Vermifuge.** Before the administration of the real anthelmintic remedy; it is of advantage to have the patient fast a half-day and in the evening to take some cooking salt,—best, perhaps, in the form of a very salt herring.

The following may be employed for Tænia:

℞ 497  
   Decoct. cort. Pun. Granat.  
     (3j. to 3ij. : 3vj.),    3vj.  
   Syr. Zingiber.,            3j.  
   S.    To be taken in 2 portions within an hour.

℞ 498  
   Extr. Filic. mar. ether.,  
     recenter parat.,            3 iss.  
   Div. in dos. aeq. No. 6.  
   Da in capsul. gelatin.  
   S.    1 capsule every 15 minutes.  
   (Vide caution under ℞ 249.)

℞ 499

Kamal., 3 iiss. to iij.  
 Pulv. Tamarind., q. s. ut f.  
 electuar.

S. To be taken in 2 portions  
 within one-half hour.

The following agrees better:

℞ 500

Flor. Kousso., 3 iv. or v.  
 Inf. c. Aq. ferv., 3 x.  
 Adde. Succ. Citr., 3 j.

S. Shake well and take in 2  
 portions within an hour.

(Every tape-worm remedy is to be taken upon an empty stomach; several hours after the administration of the remedy a mild cathartic is to be taken.) In the event of a desire, or vomiting itself, crushed ice is to be given.

For *Ascaris Lumbricoides* the following is generally used:

℞ 501 Santonin. pur., gr. j. to gr. ivss.  
 Ol. Cin. æther., gtt. iij. to iv.  
 Ol. Ricini (or Amygdal. dulc.), 3 j.  
 S. Teaspoonful at a time; the whole within 2 days.

℞ 502 Santonin. pur., gr. iij.  
 Ol. Ricin., 3 v.  
 Ol. Cin. æther., gtt. iv.  
 Sacch. alh. q. s. ut f. pasta moll.  
 S. To be used within 2 days.

For *Oxyuris Vermicularis*, decoctions of fresh, finely chopped garlic in the form of enemata, (3 to 6 ounces) are excellent.

**Antidyspsica. Remedies to Quench Thirst.** For the thirst in fever, see *Refrigerantia*. In *Diabetes Mellitus*, the following is much prescribed for quenching thirst:

℞ 503 Opii pur., gr. j.  
 Natrii bicarbon., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 2 or 3 powders during the day.

The same remedy may likewise be used in *Diabetes Insipidus*.

The following may also be tried:

℞ 504 Codein., gr. iss.  
 Sacchari alb., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 2 or 3 times a day.

**Antidyspnœtica. Agents to Relieve Difficult Breathing.** Treatment of a causative affection is advisable whenever possible. At the time of an attack of Dyspnœa, especially in Asthma Bronchiale, Stramonium cigarettes or the following may be highly recommended:

℞ 505 Amylnitrit., 5 ss.  
S. Put 3 to 5 drops on a handkerchief and inhale.  
(combustible.)

In the same affection, also the following:

℞ 506 Natrii Iodat., gr. xxx.  
Aq. dest., 3 iiss.  
Syrupi cort. Aurant., 3 v.  
S. The whole to be used during the day.

In Asthma, due to heart failure, Stenocardia, Uræmia, etc., a mustard plaster applied upon the front of the chest often acts quite promptly. In stenocardic attacks, the administration of Nitro-glycerine is frequently followed with great relief (vide Cardiac).

**Anti-emetica. Remedies to Relieve Vomiting or the Desire to Vomit.** Cracked ice and soda-water cooled with ice may be tried. In Hyperemesis, due to the administration of an emetic, or in vomiting resulting from intoxication, coffee (black) will often afford relief. In many cases the application of a mustard or cantharides plaster upon the epigastrium will relieve vomiting. The following is employed for Emesis, due to a severe affection of the stomach as well as sympathetic vomiting resulting from a disease of other organs:

℞ 507		For Uræmic Vomiting:
Morph. mur.,	gr. iss.	℞ 508
Aq. dest.,	3 iiss.	Menthol.,
S. 10 drops; if necessary, repeat several times during the day.		Spir. vin. concentrat.,
		gr. iss.
		3 iij.
		S. Dessert-spoonful in water
		3 to 5 times during the day.

The following is indicated in case of Hyperemesis Gravidarum or sympathetic vomiting:



- ℞ 509 Tinct. iodin., ℥ viij.  
 Aq. dest., ʒ v.  
 S. 1 tablespoonful every 2 hours.

For the frequent vomiting occurring in patients afflicted with pulmonary or laryngeal Tuberculosis, and when there is a great desire to vomit:

- ℞ 510 Kal. bromat., ʒ iiss. to v.  
 Aq. dest., ʒ v.  
 S. For swabbing the Pharyngeal mucous membrane.

**Anti-epileptica. Agents that Either Cure or Relieve Epilepsy.** A causal therapy is indicated whenever possible (excision of irritating cicatrices; improvement of the constitution, etc.; cold hydro-therapy. Douches, however, of the head and back are to be forbidden).

- ℞ 511 Natr. bromat., ʒ iiss. to ʒ iss.  
 Div. in dos. æqu. No. 10.  
 Da in chart. cerat.  
 S. 1 powder dissolved in water 2 or 3 times a day.

(The small doses of  $\frac{1}{2}$  to 1 drachm a day are administered at first and gradually increased, after each attack, 15 grains a day, until  $2\frac{1}{2}$  drachms a day are taken.)

If, after the lapse of months, the continued administration of the Bromide of Sodium produces no benefit, one of the following remedies is to be tried:

- ℞ 512 Atropin. Sulph., gr. 1/7.  
 Aq. dest., ʒ iiss.  
 S. Inject every day  $\frac{1}{2}$  to 1 hypodermic-syringeful.
- ℞ 513 Zinc. Oxydat., gr. iv. to xv.  
 Extr. Belladonn., gr. iss.  
 Pul. rad. Valerian., gr. lxxv.  
 Sacchari alb., ʒ j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times a day.
- ℞ 514 Inf. rad. Artemis. (e 15:150), ʒ v.  
 Syrupi rubi Idæi, ʒ v.  
 S. 1 tablespoonful every 2 hours.

**Anti-hidrotica. Agents to Lessen Excessive Perspiration.** For the night-sweats of Phthisis, bathing the body in the evening with vinegar diluted with water, or with water to which a little lemon juice or brandy has been added may be recommended; likewise, the drinking of milk and brandy.

Medicinally:

℞ 515 Atropin. sulphuric., gr. 1/7  
Pulv. et extr. Liquir. q. s. ut. f. pill. No. 20.  
S. 1 or 2 pills in the evening.

℞ 516  
Agaricin., gr. ss.  
Sacchari alb., 3j.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 or 2 powders in evening.

℞ 517  
Acid. Camphorici, gr. lxxv.  
Div. in dos. æqu. No. 10.  
S. 1 or 2 powders in evening.

Sometimes Natrium Telluric., highly recommended by Prof. NEUSSER (in doses of 3 to  $4\frac{1}{2}$  grains per day), is quite effective but it should be borne in mind that the patients smell of garlic for several days after.

**Antipyretica. Agents Employed to Reduce Fever.** An antipyretic treatment by means of medicines in general is only indicated in high fevers or in a fever of very long duration. A reduction of temperature may be obtained:

(a) *Through withdrawal of heat by means of water.* In children, by enveloping the entire body in wet linen sheets; in adults, by means of baths from 68 to 72° F. If the patients are very weak, baths from 82 to 85° F. (cooled gradually by adding cold water) are to be employed. In Typhoid, baths at a temperature of 68° F. and of a quarter of an hour's duration are generally given. Each time a patient is bathed, the body is to be briskly rubbed. For the purpose of preventing collapse, wine is to be administered before and during the bath. If the pulse becomes weak after the bath, wine, brandy, black coffee, etc. are to be administered. In those cases where it is not practicable to administer baths, the body of the patient is to be enveloped in wet sheets or be douched with a sponge or wash-rag. In some cases, warm baths at a temperature of from 88 to 90° F. are more

effective than cold baths; and together with Quinine are especially indicated during the third and fourth weeks of Typhoid fever.

(b) *Antipyresis through medicine.* The most frequently prescribed antipyretic is Quinine. It is generally administered when the greatest remission takes place (for instance, in Typhoid fever in the morning).

### ℞ 518

Quinin. Sulphuric. (or mur.),  
Sacch. alba.,      āā gr. xxij.  
M. f. pulv. div. in dos. æqu.  
No. 3.

S. 1, 2, or 3 powders at quarter-hour intervals at 7 or 8 o'clock in the evening.

When liquid medicaments are more readily taken:

### ℞ 519

Quin. Bisulph., gr. xv. to xxx.  
Aq. dest.,      ʒ ij.  
Syr. rub. Idæi, ʒ j.

S. To be taken within 1/2 to 1 hour.

Usually, Quinine is administered on two successive evenings and suspended on the third.

In Croupous Pneumonia, if the temperature rises above 104° F., large doses of Quinine (20 to 30 gr.) may likewise be given. Sometimes as much as 45 grains or even a dram are advisable. Similar procedures are indicated in other febrile affections. Another valuable antipyretic is the Salicylate of Soda:

℞ 520    Natr. Salicylic.,      gr. xlv. to lxxv.  
          Aq. dest.,      ʒ v.  
          Succ. Liquir.,      ʒ j.

S. The requisite amount of this solution is to be taken within half an hour.

During the last few years, several new preparations have been introduced which for the most part quickly and safely reduce febrile temperatures. The following belong to that class.

### ℞ 521 (a)

Antipyrin.,      gr. lxxv.  
Div. in dos. æqu. No. 10.  
S. 2 or 3 powders at intervals of an hour.

### ℞ 521 (b)

Antifebrin.,      gr. vii ss. to xv.  
Sacch. alb.,      ʒ ss.  
M. f. pulv. div. in dos. æqu.  
No. 5.  
S. 1 or 2 powders.



- ℞ 526 Ichthyol.,  
 Vaseline, āā ʒ ss.  
 S. Rub over affected parts; envelope in absorbent cotton and bandage.

May also be employed in Acute Articular Rheumatism.

**Antiseptica. Disinfectantia. Agents Employed to Prevent Putrefaction.** In putrid processes in the respiratory tract (Bronchitis Putrida, Bronchiectasia, Gangræna Pulmonum), in addition to the constitutional treatment (especially in Gangrene of the Lungs in which affection alcohol is to be freely administered), the sputa is to be deodorized through inhalations of the following:

- ℞ 527  
 Ol. Terebinthin., ℥viij. to ʒ ss.  
 Aq. dest., ʒ iij.  
 S. Inhale by means of inhaling apparatus several times a day.

Furthermore:

- ℞ 529  
 Acid. Carbolic., ℥viij. to xv.  
 Aq. dest., ʒ iij.  
 (Aq. Menth. pip., ʒ v.)  
 S. For inhalation.

In dilatation of the stomach, antiseptic solutions are to be employed to overcome the abnormal fermentation and to disinfect the decomposed ingesta.

- ℞ 532  
 Kal. hypermanganic., gr. xl.  
 Aq. dest., ʒ xxxij.  
 S. Wash out the stomach every evening with this solution, warmed. Or:

Likewise:

- ℞ 528  
 Aq. Picis., ʒ iss. to ʒ iss.  
 Aq. dest., ʒ iij.  
 S. For inhalation.

Also, internally, in the same affections:

- ℞ 530  
 Myrtol., gr. xlv.  
 Da in capsul. gelat. No. 20.  
 S. 1 pill 3 times a day.

- ℞ 533  
 Acid. Thymic. (Thymol),  
 gr. vijss. to xv.  
 Aq. dest., ʒ xxxij.  
 S. To be used like the preceding.

A 1/4 to 1/2-per-cent solution of Carbolic Acid may be employed in the same way.

Under the head of Antiseptics must also be classed Creosote which is employed in incipient Phthisis of the Lungs. It is usually prescribed as follows:

**R 534**

Creosot., ℥ xv.

Sacchari lact., ʒ iss.

M. f. pulv. div. in dos. æqu.

No. 20.

Da in capsulis.

S. 1 capsule 3 times a day. Or:

**R 535**

Creosoti, ʒ iiss.

Ol. Morrhuæ, ʒ v.

Da in capsul. gelat. No. 100.

S. Take 5 capsules daily after meals; gradually increase to 10 capsules a day.

If the Creosote diminishes the appetite, it is to be suspended.

**Antitypica.** Agents employed to prevent the periodical attacks of fever due to malarial intoxication as well as periodical neuralgias, congestions, etc. (Intermittens Larvata):

**R 536** Quinin. sulph. (or mur.), gr. xxx.

Sacchari alb., ʒ j.

M. f. pulv. div. in dos. æqu. No. 4.

S. 1 or 2 powders 12 to 6 hours before an attack.

(If the fever is very high, larger doses must be given—as much as 75 grains a day.)

After the attacks have subsided, the following is to be taken for several days more:

**R 537** Quinine. mur. (or sulph.), gr. xxv.

Sacchari alb., ʒ j.

M. f. pulv. div. in dos. æqu. No. 5.

S. 1 or 2 powders daily.

If the Quinine is vomited or in very severe attacks, the following is to be given:

**R 538** Quinin. mur. (or sulph.), gr. xxx.

Opī pur., gr. iij.

Sacchari lactis., ʒ j.

M. f. pulv. div. in dos. æqu. No. 4.

S. 1 powder 6 to 12 hours before an attack.

If, in recent or old neglected cases, the Quinine is inactive, the following is indicated:

- ℞ 539 Sol. Arsenic. Fowleri, ℥ lxxv.  
 Aq. dest., 5 iiss.  
 S. 5 drops 2 or 3 times daily (after meals); gradually increase dose to 10 drops.

Frequently, the attacks cease of their own accord through a change of climate.

**Astringentia.** Agents that Produce Contraction of the Tissues. In Angina Catarrhalis (Pharyngitis, Tonsillitis, Peritonsillitis) of a moderate grade, simple cold applications for the most part will suffice; or:

- ℞ 540 Aq. Calc., 3 j.  
 Aq. font., 3 iij.  
 S. Gargle.

The following is to be used in Chronic Pharyngitis:

- ℞ 541 Alum. crud., gr. lxxv.  
 Aq. dest. (or Inf. fol. Salviæ), 3 vi.  
 Tinct. Myrrh., 5 ss.  
 S. Gargle.

In a recent Pharyngitis or Angina, touching the parts with the Nitrate of Silver stick frequently aborts the attack. Concentrated solutions of the Nitrate of Silver may also be applied with a swab. Also the following:

- ℞ 542 Kali Chloric., 3 j.  
 Aq. fontis., 3 xvj.  
 S. Gargarisma (not to be swallowed).

In Stomatitis, the following is often used for rinsing the mouth:

- ℞ 543 Tinct. Ratanh.,  
 Tinct. Gallar., āā 3 ss.  
 S. 5 to 10 drops in a wine-glass of water; a mouth-wash.

(For astringent inhalations in Bronchoblenorrhœa, see Expectorantia.)

**Cardiaca. Agents Employed to Stimulate and Strengthen the Heart.** Whenever an insufficiency of the muscular structure of the heart, resulting from a *Cor Adiposum* (fatty heart), *Vitium Cordis* (valvular lesion, etc.), makes its appearance, and furthermore, in *Acute Pericarditis*, the following are to be employed:

℞ 544 Inf. fol. *Digitalis purp.* (e .5 to 1:180), ʒ vj.  
           *Syr. rub. Idæi*, ʒ v.  
           *S.* 1 tablespoonful every 2 hours.

Or:

℞ 545 Pulv. fol. *Digit. purp.*, gr. ivss. to viiss.  
           (*Quin. sulph.*, gr. ivss.)  
           *Sacch. alb.*, ʒj.  
           *M. f. div. in dos. æqu. No. 10.*  
           *S.* 1 powder every 3 hours.

*Digitalis* is to be administered only a few days at a time—not longer than eight successive days. If the use of *Digitalis* becomes necessary for a longer time, a pause of several days is to be made after each few days of administration. As soon as a favorable action has been obtained or as soon as the pulse-rate is diminished or becomes arrhythmical, the drug is to be suspended.

In valvular lesions of the heart, *Digitalis* is usually administered so that during the first day 3 grains are given; this is to be increased 1 1/2 grains each day until 7 1/2 grains per day have been reached; then, the dose is to be reduced in the same manner and entirely suspended. When *Digitalis* is no longer tolerated and a heart-tonic is still necessary, the best substitute is the following:

℞ 546 *Tinct. Strophant.*, ʒ ss.  
           *S.* 10 to 20 drops 3 times daily.

[Caution: This dose is too large as a commencing-dose for any other condition than that stated above.—Metzerott.]



Another substitute for Digitalis is the following:

- ℞ 547 Pulv. herb. Adon. vern., 3 ss.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

When there is general Anasarca, due to disease of the heart, the following:

- ℞ 548 Caffein Natrosalicyl. (or citric.), gr. xv. to xxx.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 4 or 5 times a day.

Diuretin (Knoll) frequently acts admirably in general dropsy:

- ℞ 549 Diuretini, gr. lxxv.  
 Aq. dest.,  
 Aq. Menth. pip., āā 3 iij.  
 S. The whole to be used during the day.

In the event of the failure of all cardiac remedies, deep incisions are to be made in both lower extremities, after which antiseptic dressings are to be applied.

In Angina Pectoris as well as in pseudo-steno-cardiac attacks, due to a valvular lesion of the heart or Endarteritis Chronica, the following is indicated:

- ℞ 550 Nitroglycerin. (.01 G), gr. 1/7.  
 Pulv. et extr. Liquir. q. s. ut f. pill. No. 20.  
 S. 1 pill per day; gradually increase to 3 or 5 pills per day.

The Nitroglycerine tablets may be used in the same way; likewise the following:

- ℞ 551 Natr. nitros., gr. viiss.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 Da in nebul.  
 S. 1 or 2 powders daily.

**Cathartica. Purgatives.** If it is only desired to produce for one or more days a thorough evacuation of the bowels, as may be required in temporary constipation, or to deplete as may be necessary in Uræmia or in congested conditions and inflammation of other organs, etc., a milder or a stronger cathartic is to be prescribed according to indications:

**R 552**

Ol. Ricin.,  $\bar{3}$  j.  
S. 1/2 to 2 tablespoonfuls in  
either soup or coffee.

**R 553**

Extr. Cascar. Sagrad. fluid.,  
Syr. cort. Aurant., āā  $\bar{3}$  j.  
S. 1 or 2 teaspoonfuls morn-  
ing and evening.

**R 554**

Calomelan., gr. xv.  
Sacch. alb.,  $\bar{3}$  ss.  
M. f. pulv. div. in dos. æqu. No. 5.  
S. 1 powder every 2 hours, until thorough action.

(If Calomel does not act within a short time, another cathartic must be administered to prevent the Calomel from remaining a longer time in the intestinal tract. In this way, the danger of Corrosive-Sublimate poisoning, that may readily take place, will be avoided.

**R 555**

Calomelan. læv.,  
Pulv. rad. Jalap., āā gr. ix.  
Sacch. alb.,  $\bar{3}$  j.  
M. f. pulv. div. in dos. æqu. No. 3.  
S. 2 or 3 powders at intervals of 2 hours.

(N. B.—The later and the following remedies must not be prescribed when the intestinal mucous membrane is inflamed.)

The milder cathartics that may be used in acute febrile affections are Natr. Sulph., Magnes. Sulph., or the Mineral Waters containing the same ingredients.

The following is a brisk cathartic:

**R 556**

Inf. folior. Sennæ. (e 5 to 15:150),  $\bar{3}$  v.  
Syr. mannat.,  $\bar{3}$  v.  
S. One-half is to be taken at once; if necessary,  
the balance after an hour.

Enemata of ice-cold water may also be highly recommended. In *Ilcus*, when enemata do not suffice, high irrigations with water; or with ice-cold Soda-Water (a rectal-tube, attached to a siphon of Soda-Water introduced into the rectum as far as it will go); or enemata of 8 to 10-per-cent solution of salt-water are to be given.

In severe constipation, due to the accumulation of scybala, which produce a mechanical stenosis, the following will be found an active cathartic:

℞ 557	Ol. Croton.,	gtt.j.
	Ol. Ricin.,	℥j.
	S. 1/4, or even the entire amount, to be taken in	
	soup or coffee.	

In chronic constipation (in addition to a proper diet), active exercise, gymnastics, massage of the abdomen, faradisation of the abdominal muscles by means of strong currents, and the use of saline mineral waters (Marienbad, Carlsbad, etc.) are indicated. To anæmic individuals of flaccid muscular development such mineral waters as those of Franzensbad or Elster are to be prescribed.

In *Ulcus Ventriculi*, the artificial Carlsbad Salts will be found excellent for stimulating peristalsis or for the removal of the sour contents of the stomach.

℞ 558	Sal. Carolinens. factit.,	℥ iij.
	(i. e. Natr. sulfuric.,	44 parts.
	Kal. sulfuric.,	2 “
	Natr. chlorat.,	14 “
	Natr. bicarb.,	36 “ ).
	S. 1 or 2 teaspoonfuls to a half-quart of water (hot);	
	taken in the morning.	

In chronic constipation, a great many vegetable cathartics are prescribed (for instance as a mild purge, the *Pulvis Liquiritiæ Compositus* of the German Pharmacopœa).

## R 559

Fol. Sem.,  
 Rad. Liquirit., āā 3 iiss  
 Fruct. Fœnic.,  
 Sulf. depurat., āā gr. lxxv.  
 Sacch. alb., 3 j.  
 S. Teaspoonful in the morn-  
 ing.

A more brisk cathartic:

## R 560

Extr. Aloes.,  
 Extr. Rhei,  
 Pulv. rad. Rhei, āā 3 ss.  
 Extr. Colocynth., gr. ivss.  
 M. f. pill. No. 60.  
 S. 3 or 4 pills every evening.

## R 561

Extr. Aloes, gr. xxiv.  
 Podophyllin.,  
 Extr. Belladonn., āā gr. iiiss.  
 Extr. Taraxac., q. s. ut f. pill. No. 30.  
 S. 1 or 2 pills, daily.

In atony of the muscular coat of the intestine, the following is to be tried:

## R 562

Extr. Fab. Calabar., gr. 3/4.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 or 2 powders during the day.

**Diaphoretica. Agents that Promote Perspiration.** For the purpose of producing diaphoresis in mild acute affections, due to the contraction of colds, the drinking of hot teas (Linden-flower or Elder-flower) is advisable. The virtue of these teas, however, lies, mostly, in the hot water.

If it is desired to produce a vigorous diaphoresis in acute nephritis, accompanied with a diminution of secretion of urine, or in Chronic Parenchymatous Nephritis, in which there is severe hydrops, warm baths at a temperature of 108° F. (may afterward be increased by the addition of hot water) are to be given. After the bath, patient is to be enveloped in blankets. In place of the baths, linen sheets wrung out in hot water and wrapped about the patient may be employed. Over these, one or more blankets are to be placed. If it is not practicable to administer baths, Pilocarpin is to be prescribed (the latter, however, is contra-indicated when the heart is weak or when Œdema of the lungs is threatened):

- ℞ 563 Pilocarp. mur., gr. iss. to iij.  
 Aq. dest., 3 iiss.  
 S. 15 minims are to be injected hypodermically.

And finally, steam-baths may be given by means of Gartner's apparatus.

### Diuretica. Agents to Promote the Secretion of Urine.

The following is to be prescribed in hydrops due to affections of the heart, emphysema, and in acute nephritis when the symptoms of inflammation have disappeared and the amount of urine secreted is small; also in Chronic Nephritis when symptoms of Uræmia, etc., appear:

- ℞ 564 Inf. rad. Onon. spinos. (e 10:200), 3 6 1/4.  
 Liqu. Kal. acetic.,  
 Oxymell. Scill., āā 3 ss.  
 S. 1 tablespoonful every 3 hours.

Digitalis acts as a diuretic by increasing the arterial tension, and for that reason is indicated in weakness of the heart (Vitium Cordis, Emphysema, etc.):

- ℞ 565 Inf. fol. Dig. purp. (e 5 to 1:200), 3 vj.  
 Kal. nitric., 3 j.  
 Syr. rub. Idæi, 3 v.  
 S. 1 tablespoonful every 2 hours.

(For the method of administering Digitalis, vide Cardiaca.)

Caffein acts in a similar manner.

Calomel has recently been again prescribed with excellent results in ascites, due to disease of the heart and liver.

- ℞ 566 Calomelan., 3 ss.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. For 2 or 3 days, from 3 to 4 powders are to be administered per day. To be repeated after a pause of a few days, if necessary.

If severe diarrhœa sets in, Opium is to be administered.

For the administration of Diuretine (Knoll) and the manner of scarifying, see Cardiaca,

**Emetica. Agents that Cause Vomiting.** One of the most popular emetics is:

℞ 567 Pulv. rad. Ipecac., 3j.  
 Tartar. Emetic., gr. 2 1/4.  
 M. f. pulv. div. in dos. æqu. No. 3.  
 S. 1 powder; if necessary, after a quarter of an hour, another.

More readily administered is the following:

℞ 568 Apomorphin. mur., gr. iss.  
 Aq. dest., 3 iiss.  
 S. From 7 to 15 minims are to be injected hypodermically.

In poisoning from narcotics or phosphorus, the stomach is to be thoroughly washed out whenever possible. If not, the following is to be given:

℞ 569 Cupr. sulfuric., gr. xij.  
 Aq. dest., 3 x.  
 Syr. rub. Idæi, 3 iiss.  
 S. 1/2 at once, the balance, if necessary, after 15 minutes.

**Expectorantia. Agents to Promote Expectoration and to Lessen Coughing:**

<p>℞ 570          Codein., gr. iij.          Sacch. alb., 3j.          M. f. pulv. div. in dos. æqu.          No. 10.          S. 1 powder 3 or 4 times,          daily.</p>	<p>℞ 571          Morph. mur., gr. 3/4.          Sacch. alb., 3j.          M. f. pulv. div. in dos. æqu.          No. 10.          S. 1 powder 3 or 4 times,          daily.</p>
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In chronic affections, especially in Tuberculosis pulmonum, the following may be used alternately with the Morphine:

<p>℞ 572          Morph. mur., gr. 1/3.          Aq. dest., 3 vj.          Syr. capill. Veneris., 3 v.          S. 1 tablespoonful every 2          hours.</p>	<p>℞ 573          Extr. Belladonn., gr. iss.          Sacch. alb., 3j.          M. f. pulv. div. in dos. æqu.          No. 10.          S. 1 powder 3 times, daily.</p>
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To increase the fluidity of the secretions: In Chronic Catarrh, the drinking of alkaline or alkaline-muriatic mineral water (Vichy, Ems, Selters, etc.) is advisable; in Chronic Catarrh and incipient Phthisis, sodium-chloride waters (Kissingen, Homburg, Wiesbaden, etc.). Inhalations of Natr. Chlorat. or Ammon. chlorat. in 1/2 to 1-per-cent solutions may also be recommended. In acute febrile Bronchial Catarrh, when there is only a small amount of tenacious secretions, the following may be tried:

℞ 574	Tartar. stibiat.,	gr. iss.
	Aquæ dest.,	℥ v.
	Syrupi rubi Idæi,	℥ iv.
	S. 1 tablespoonful every 2 hours.	

The following are indicated in simple non-febrile Catarrh, or in Catarrh in which the fever has ceased, likewise in Pneumonia during the stage of resolution when expectoration is difficult:

℞ 575		Or:
Ammon. mur.,		℞ 576
gr. lxxv. to ℥ iiss.		Ammon. mur.,
Aq. dest., ℥ v.		Elæos. Fœnic., āā gr. lxxv.
Succ. Liquir., ℥ j.		M. f. pulv. div. in doses æqu.
S. 1 tablespoonful every 2		No. 10.
hours.		S. 1 powder every 3 hours.

The following are usually employed to diminish the amount of secretion in Broncho-blennorrhœa:

℞ 577	Alum. crud.,	gr. iij. to xv.
	Aq. dest.,	℥ iij.
	S. For inhalation.	

Less effective but less likely to disturb the stomach is the following:

℞ 578	Acid. Tannic.,	gr. xv. to xxx.
	Aq. dest.,	℥ iij
	S. For inhalation.	

The internal administration of Creosote is likewise frequently attended with good results. Also, inhalations of deodorising agents (Antiseptics).

To promote expectoration when but little secretion is present, the following are indicated.

## R 579

Inf. rad. Ipecac.(e 5:150), 3 v.  
Syr. cort. Aurant., 3 iv.  
S. 1 tablespoonful every 2  
hours.

## R 580 Or:

Apomorphin. mur., gr. 3/4  
Acid. mur. dil., gtt. v.  
Aq. dest., 3 6 1/4  
S. 1 tablespoonful every 2  
hours.

(Caution: The addition of syrup will decompose Apomorphin.)

If the Bronchi are engorged with secretion and expectoration is difficult on account of loss of strength of the patient, the following is advisable:

## R 581

Decoct. rad. Polygal. Seneg.  
(e 10:180), 3 vj.  
Liqu. Ammonii Anisat.,  
gtt. xv. to 3 j.  
Syr. cort. Aurant., 3 v.  
S. 1 tablespoonful every 2 hrs.

## R 582

Acid. Benzoic., gr. xxx.  
Sacch. alb., 3 j.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder every 2 hours.

When Edema of the lungs is threatened, the following is to be administered:

R 583 Acid. Benzoic., gr. xxx.  
Camphor. trit., gr. iv. to viiss.  
Sacch. alb., 3 j.  
M. f. pulv. div. in dos. No. 10.

If in the course of a Pneumonia in an individual suffering with chronic Nephritis, etc., a pulmonary Edema develops, stimulants (champagne, black coffee with rum, injections of camphor, etc.) are to be administered. If the urgency of the case requires, vesicants or mustard plasters are to be placed over the whole anterior surface of the chest.

The following is usually given internally:

R 584 Plumb. acetic., gr. viiss.  
Sacchari. alb., 3 j.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. 4 or 5 powders at intervals of 15 to 30 minutes.



**Hypnotica.** Agents that Produce Sleep. The hypnotic mostly used is Chloral.

R. 585

Chlorat. hydrat.,	gr. viiss. to ℥v.
Mucilag. Salep.,	℥ ij.
Syr. rub. Idæi,	3 v.
S. Use in 1 or 2 evenings.	

R 587

Codein.,	gr. ivss.
Sacchari albi,	5 ss.
M. f. pulv. div. in dos.	No. 10.
S. Take 1 powder at night.	

Less reliable is the following:

R 589

Chloralamid.,	gr. xxiv.
Aq. dest.,	$\frac{3}{4}$ iss.
Syr.	$\frac{3}{4}$ ss.
S.	To be taken in 2 portions before going to bed.

Sulfonel may likewise be taken in hot milk or soup. The continued use of Sulfonel is to be guarded against.

(Although Morphine is an excellent hypnotic it is not suitable for continuous use on account of the danger of chronic morphinism. It is given mostly in those cases where sleep is disturbed by pain caused by the disease.)

**Neurotica. Remedies for the Nerves.** For the purpose of lessening the nervous excitability in various nervous affections, the following is well adapted:

R 591    Natr. bromat.,                                 gr. lxxv.  
             Aq. dest.,                                         ʒ iij.  
             Syr. cort. Aurant.,                          ʒ iv.  
             S.    3 to 6 tablespoonfuls, daily.

Or:

R<sub>x</sub> 586

Chloral. hydrat.,  
gr. xxx. to gr. lxxv.  
Aq. fontis, 3 vj.  
S. As an enema.

R 588

Paraldehyd.,	3 ss. to j.
Aq. dest.,	3 iss.
Syr. cort. Aur.,	3 ss.
S. Take half or, if necessary, the whole in the evening.	

Sulfonal is better, and, next to Chloral, is, without doubt, the best hypnotic:

R. 590

Sulfonal., 3 iiss.  
Div. in dos. æqu. No. 10.  
S. 1 or 2 powders in the ev'g.



lished. Doses of .0001 gram (or 1/300 of a grain) quite frequently produce symptoms of intoxication.

In *Tabes Dorsalis*, in addition to the observation of hygienic rules (only moderate exercise and sexual restraint), hydropathic treatment (sitz-baths and bathing the body with cloths dipped in water at a temperature of from 72° to 78° F.), and treatment by means of electricity (galvanization of the Spinal Cord with weak descending currents for intervals of from 2 to 5 minutes, followed by several reversals of the current and faradisation of the extremities), the following may be prescribed for a period of several weeks:

℞ 596 Argent. nitr., gr. iij.  
Argill. q. s. ut f. pill. No. 20.  
S. 1 pill twice a day.

In some forms of *Neuralgia*, especially in *Sciatica*, the following will be found to frequently afford relief:

℞ 597 Olei Terebinth. rectific., ℥ lxxv.  
Pulv. et extr. Acori, āā q. s. ut f. pill. No. 50.  
S. Mornings and evenings about 5 pills.

For nervous attacks, especially those accompanied with pallor of the face, for certain forms of *Migraine* (*Hemicrania Sympathico-Tonica*), and in *Angina Pectoris Vasomotoria*, Nitrate of Amyl may be recommended (℞ 505).

In *Hysteria* and *Neurastenia*, the most important indication is the psychic treatment. Sitz-baths at a temperature of from 72° to 82° F., followed with brisk friction, etc., are advisable. Furthermore, general faradisation according to the method of Beard and Rockwell. The feet are placed in a vessel filled with water in which one of the electrodes is lying, while, with the other electrode, the extremities as well as the regions designated as painful are subjected to faradisation. The employment of the Faradiac brush is of especial advantage in this form of treatment; also general massage, etc.

Occasionally, a treatment after the method of Weir-Mitchell is followed with good results. This consists in increasing, enormously, the amount of food ingested, while the patient is placed under absolute mental rest and nearly all active exercise of the

body is suspended. Under these conditions, it is the object to promote and assist the assimilation of an increased amount of food by the digestive tract and, with the assistance of massage and faradisation, utilize the assimilated matter for the development and strengthening of the various tissues.

The removal of the patient, from his accustomed surroundings to a residence where he is unacquainted, is absolutely necessary, if the treatment is to prove successful. In patients who have become very much reduced in their bodily nutrition and who have been accustomed to take only a limited amount of food, it is best during the commencement of the treatment to prescribe an absolute milk-diet. In the beginning of the treatment, 3 to 4 ounces of milk are given every 2 or 3 hours. This quantity is gradually increased in such a way that after the lapse of 3 or 4 days, from 2 to 2 1/2 quarts of milk are consumed during 24 hours. In the commencement, care is to be taken that the patient drinks the milk very slowly. Only a sip at a time is to be taken, so that in drinking a pint of milk from 1 1/2 to 3/4 of an hour is consumed. After the digestive organs have become accustomed to this milk-diet (this usually requires several days), other food may be given, and the administration of an increased amount of food commenced. Upon the fifteenth day, the quantity of food taken should be quite large.

On the third or fifth day of treatment, massage is to be commenced. This is increased gradually until two sittings of an hour and a half's duration are given daily.

All of the soft parts of the extremities, of the back, the chest, and the abdomen are to be massaged—the massage taking the place of all active muscular work.

Occasionally, during this course of treatment (especially in the beginning) vomiting sets in, and the patient refuses to take the prescribed meals. As long as the tongue remains moist and no permanent nausea exists, as long as the region of the stomach is not especially sensitive to pressure, and as long as there are no pronounced symptoms of a severe gastric catarrh, the increased amount of food is to be continued. Only when there are signs of serious Gastro-intestinal catarrh is the administration of food, with the exception of milk, to be suspended. Under the ad-

ministration of the milk, the digestive disturbances are wont for the most part to disappear in the course of a few days. The following bill-of-fare of Burkhart, prescribed for a female patient—in whom, on account of the good condition of the digestive tract, it was not necessary to order a preparatory milk-diet, will suffice to better illustrate the details and procedures of the Weir-Mitchell treatment:

February 18, the day upon which the treatment was commenced, the diet consisted of the following:

7:30 a. m.,  $\frac{1}{2}$  liter of milk (30 to 45 minutes were consumed in drinking this amount); 10 a. m.,  $\frac{1}{3}$  liter milk; 12:30 p. m., 1 plate of soup with an egg, 50 grams of roasted meat, and mashed potatoes; 3:30 p. m.,  $\frac{1}{3}$  liter milk; 5:30 p. m.,  $\frac{1}{2}$  liter milk; 8 p. m.,  $\frac{1}{2}$  liter milk, 50 grams of cold meat, and wheat bread and butter.

February 19, the same bill-of-fare was repeated, the quantity being increased by the addition of 5 pieces of Zwieback (dry toast.)

February 22, massage was commenced and the amount of food was greatly increased: 7:30 a. m.,  $\frac{1}{2}$  liter of milk and 2 pieces of Zwieback; 8:30 a. m., coffee with cream, wheat bread and butter; 10 a. m.,  $\frac{1}{2}$  liter of milk, 2 pieces of Zwieback; 12 m.,  $\frac{1}{2}$  liter milk; 1 p. m., soup with an egg, 100 grams of meat, potato purée, and 75 grams of plum-compot; 3:30 p. m.,  $\frac{1}{2}$  liter of milk; 5:30 p. m.,  $\frac{1}{3}$  liter of milk, 2 pieces of Zwieback; 8 p. m.,  $\frac{1}{2}$  liter of milk, 60 grams of meat, wheat bread and butter; 9:30 p. m.,  $\frac{1}{3}$  liter of milk, 2 pieces of Zwieback.

February 24, in addition to the preceding bill-of-fare, 80 grams of meat were given at 8:30 a. m.

February 25, in addition to the previous bill-of-fare, the amount of meat was increased to  $4\frac{1}{4}$  ounces, and the plum-compot to 4 ounces.

February 26, the patient received 200 grams of meat at 1 p. m., and at 8 p. m., 80 grams of meat.

February 29, the diet was as follows: 7:30 a. m.,  $\frac{1}{2}$  liter of milk, 2 pieces of Zwieback; 8:30 a. m., coffee with cream, 80 grams of meat, wheat bread and butter, and roasted potatoes;

10 a. m.,  $\frac{1}{4}$  liter of milk, 3 pieces of Zwieback; 12 m.,  $\frac{1}{2}$  liter of milk; 1 p. m., soup with an egg, 200 grams of meat, potatoes, vegetables, 125 grams of plum-compot, and sweet milk; 3:30 p. m.,  $\frac{1}{2}$  liter of milk; 5:30 p. m.,  $\frac{1}{3}$  liter of milk; 8:30 p. m., 80 grams of meat, and  $\frac{1}{2}$  liter of milk; 9:30 p. m.,  $\frac{1}{3}$  liter of milk, 2 pieces of Zwieback. This diet remained in force until March 31.

During this time, that is within 43 days, the patient gained 13 kilograms (about 28  $\frac{1}{2}$  pounds).

In Spinal Irritation, in addition to the previously mentioned diet, an ice-bag or Chapman's ice-coil is to be applied upon the Spine for several hours during the day; furthermore, Bromides, Sulfonal, Antipyrine, etc., are to be prescribed when indicated.

**Obstruentia. Agents Which Obstruct. (As Opposed to Cathartics.)** The best obstruent is Opium, and is especially indicated in Acute Intestinal Catarrh (providing the same is not due to retained or injurious ingesta, when it is obligatory to free at once the bowels of their contents.

In acute intestinal catarrh, the following is one of the best obstruentia:

℞ 598 Tinct. Opii simpl., 3 ij.  
S. 5 to 10 drops upon a lump of sugar; if necessary the dose may be repeated after a lapse of from 6 to 8 hours.

Or enemata of boiled starch.

Opium also acts well in diarrhœa, running a more chronic course, in Chronic Intestinal Catarrh, in various forms of intestinal ulceration (in Tuberculous Ulcers, however, it is not to be given until the Tuberculosis is far advanced), likewise in dysentery, etc. In the latter condition it is usually prescribed in connection with other adjuvants,—for instance:

℞ 599 Pulv. Doveri, gr. xv.  
Sacch. alb., 3 j.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. Pro re nata 3 to 6 powders during the day.

℞ 600 Opii pur., gr. iss. to iij.  
 Alum. crud.,  
 Pulv. gummos., āā 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times daily.

In dysentery, Opium enemata may also be given:

℞ 601	Extr. Opii (aquos.),	gr. iij.
	Mucilag. Salep.,	
	Aq. dest.,	āā ʒ iij.
	S. To be used in 2 enemata.	

In diarrhœa, accompanying an acute infectious disease, an aromatic vehicle is advisable.

℞ 602 Inf. herb. Meliss. (e 10:200), 3̄ vj.  
Tinct. Opii simpl., gtt. v. to xxv.  
S. 1 tablespoonful every 2 hours.

In intestinal ulcerations, namely, in catarrhal, follicular as well as dysenteric, in addition to a suitable diet (demulcent broths, tapioca, arrowroot, bouillon with albumen or the yolk of an egg, cocoa, chocolate, Leube-Rosenthal's meat solution, peptone, and Burgundy wine) and the use of warm baths as well as warm coverings (worn during the night over the abdomen), the following may be given internally:

℞ 603 Bismuth. Subnitric., 3 iiss.  
Div. in dos. æqu. No. 10.  
S. 1 powder every 2 hours.

If the diarrhœa is severe, the latter is to be alternated with the following:

℞ 60℥ Bismuth. Subnitric., 3 iiss.  
 Extr. Opii (aquos.), gr. iss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

In the various forms of diarrhœa, especially in neglected Chronic Intestinal Catarrh, the following, recommended by Rossbach, may be tried:

- ℞ 605 Naphthalin., gr. lxxv.  
 Div. in dos. æqu. No. 10.  
 Da in capsul. amylac.  
 S. 3 to 10 capsules during the day.

**Refrigerantia. Cooling Remedies.** During fever, to quench the thirst and as a cooling beverage, soda-water, lemonade, or the following may be recommended:

- |  |   |
|--|---|
| <p>℞ 606<br/>         Succ. Citr., ʒj.<br/>         Syr. simpl., ʒiiss.<br/>         S. To be added to the drinking water.</p> | <p>℞ 607 Likewise:<br/>         Acid. phosphoric., ʒij.<br/>         Syr. simpl., ʒiiss.<br/>         S. To be added to the drinking water.</p> |
|--|---|

**Resorbentia. Remedies that Promote Absorption.** For the purpose of assisting the absorption of exudates (those resulting from Pericarditis or Peritonitis), the following counter-irritants are to be employed:

- |   |  |
|---|--|
| <p>℞ 608<br/>         Tinct. Iodin.,<br/>         Tinct. Gallar., āā ʒj.<br/>         S. Paint the skin over the affected region.</p> | <p>℞ 609 Likewise:<br/>         Sapon. virid., ʒij.<br/>         Ol. Lavandul., ℥xv.<br/>         S. Anoint the skin, 1 or 2 times a day, with pieces the size of an almond or walnut.</p> |
|---|--|

In Pericarditis, the application of an Emplastr. Cantharides may be advisable. After an attack of Peritonitis (to absorb the exudate), compresses, saturated with warm salt water or a warmed Boracic-Acid solution, are to be applied to the abdomen (the integument always being first anointed with vaseline). The use of saline baths or the continued use of indifferent warm baths may also be recommended. In pleuritic exudates, the Salicylate of Soda frequently acts well:

- ℞ 610 Natr. Salicyl., ʒiiss.  
 Div. in dos. æqu. No. 20.  
 S. 1 powder every hour.

**Roborantia. Tonica. Stengthening Agents.** In various anæmic conditions, after acute diseases, after debilitating chronic diarrhœa, etc., after loss of blood (when the same has not been



the result of the so-called active hemorrhages), especially in Chlorosis (in addition to nutritious food, sojourn in the country and active exercise in the open air), Iron is to be administered for a longer or shorter time. The most easily digested preparations are to be prescribed:

## ℞ 611

Tinct. Ferr. pomat.,  
Tinct. Absynth., āā ʒ ss.  
S. 20 drops 3 times daily,  
after meals.

## ℞ 612

Ferr. lactic., gr. xv.  
Pulv. et extr. Liquir., āā q. s.  
ut f. pill. No. 50.  
S. About 5 pills 3 times a  
day, after meals.

## ℞ 613

Ferr. carbon. saccharat., gr. xv.  
Elaeosacch. Calam., ʒ ss.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder 3 times daily.

## ℞ 614

Tinct. Ferr. albuminat., ʒ iij.  
S. 1 teaspoonful 2 times daily,  
after meals.

Chalybeate waters are wont to agee well.

In the beginning of a treatment with Iron, it is best to order those waters containing carbonic acid such as (Pyrmont, Driburg, or Cudowa). Sea-baths may also be recommended.

If constipation exists simultaneously, waters like those of Franzensbad, Marienbad, Elster, and Tarasp are preferred. When Iron is prescribed in the form of a drink, it may be advantageously combined with Rheum, as:

## ℞ 615

Ferr. Hydrag. reduct., gr. xv.  
Extr. Rhei (aquos.), gr. xlv.  
Pulv. rad. Rhei q. s. ut f. pill.  
No. 50.  
S. About 5 pills 3 times  
daily.

## ℞ 616

Ferr. carb. sacchar., gr. xv.  
Quinin. muriat.  
(or Sulph.), ʒ ss.  
Sacch. alb., ʒ j.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder 3 times daily,  
after meals.

In a Malarial Cachexia, Iron and Quinine may be advantageously prescribed in combination.



℞ 623 Cort. Condurang.,  $\bar{3}$  ss.  
 Aquæ dest.,  $\bar{3}$  i xss.  
 Macera per horas 12,  
 Dien coque ad col.,  $\bar{3}$  v.  
 Adde Syr. Cinnam.,  $\bar{3}$  v.  
 S. 1 tablespoonful 2 or 3 times a day.

Or still better:

℞ 624  
 Vin. Condurang.,  $\bar{3}$  vj.  
 S. 2 or 3 tablespoonfuls daily.

Or:

℞ 625  
 Vinu Condurango,  $\bar{5}$  v.  
 Tinct. Rhei vin.,  $\bar{3}$  i ss.  
 S. 1 tablespoonful 2 or 3  
 times a day.

**Styptica. Agents that Arrest the Flow of Blood.** In hæmoptysis, absolute rest in bed is to be observed in a room having a temperature of 60 to 65° F. The patient is not to be allowed to take anything except cold liquids—ice-cold milk is the best; every form of excitement and bodily exertion, even speaking, is to be avoided. The swallowing of a tablespoonful of ordinary cooking-salt will sometimes cut short an attack. An ice-bag is to be applied to the chest.

The best medicaments are:

℞ 626 Plumb. acet., gr. viiss.  
 Morph. mur., gr. 3/4  
 Sacchari alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours, even during profuse  
 hemorrhage.

℞ 627 Extr. Hydrastid. Cannad. fluid.,  $\bar{3}$  ss.  
 S. Take 20 drops several times during the day.

Injections of Ergotine may likewise be administered:

℞ 628 Ergotin. pur.,  $\mathfrak{D}$  iv.  
 Aquæ dest.,  $\bar{3}$  ss.  
 Acid. carbolic.,  $\mathfrak{M}$  ij.  
 Morph. mur., gr. ij.  
 S. One-half to 1 hypodermic-syringeful ( $\mathfrak{M}$  15) is  
 to be injected; if necessary, a second time after the  
 lapse of an hour. Or:



# DISEASES OF THE NOSE AND THROAT

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. LEOPOLD VON SCHRÖTTER, M.D.

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**Rhinitis, Coryza. Nasal Catarrh, Cold in the Head.** In acute cases, a simple hygienic procedure will suffice. In Rhinitis Chronica, the cause is to be ascertained. If due to a deflection of the septum, and a consequent arrest of the secretions in a nasal opening, the nasal passage is to be dilated by means of a Laminaria tent; prominent projections are to be destroyed with the galvano-cautery. Diligent search is to be made for a possible necrotic piece of bone, which if found is to be removed. In simple chronic nasal catarrh, the following may be tried:

℞ 630    Mercur. sublim. corrosiv.,                    gr.  $\frac{1}{4}$   
          Aquæ fontis,                                        ʒ iv.  
          Tinct. Opii crocat.,  
          Aquæ Lauroceras.,                    āā    gtt. vj.  
S.    To be drawn up into the nose several times during the day, tilting the head in different directions. (Not to be swallowed.)

Syringing the nostrils with a 1/4 to 1/2-per-cent solution of Natr. Chlorat. or Natr. Bicarbonic, using a hard-rubber syringe having a small drainage tube attached to the nozzle is advisable. After the tube is introduced into the Inferior Meatus, the opposite nasal opening is to be compressed by the patient, the mouth held open and the head tilted slightly backward so that the fluid will flow readily through the Naso-pharynx.

In sub-acute cases where hypertrophy of the mucous membrane does not exist, syringing with astringents (alum, tannin) or better, nasal bougies are advisable.

- ℞ 631 Acid. tannic., gr. j. to ij.  
Gelatin., q. s. ut f. bacill. nasal. No. 6.  
S. Every night a bougie is to be introduced into each of the nasal openings; if this is not tolerated, only one is to be inserted at a time.

(A piece of absorbent cotton is to be introduced after the bougie has been inserted, in order to prevent the melted gelatin from flowing out). The following may be used in the same way:

- ℞ 632 Cupr. Sulphuric., gr. iss. to iij.  
Gelatin. q. s. ut f. bacill. nasal. No. 10.  
As a nasal bougie.

In Hypertrophic Rhinitis, the thickened mucous membrane is best destroyed with the galvano-cautery. It may also be done with Chromic acid or Lunar caustic. Recently, the following has been much employed:

- ℞ 633 Acid. lactic.,  
Aq. dest., āā ʒj.  
S. Externally.

The applications of Lactic acid are to be made either with a brush or tampons of absorbent cotton which have been saturated in Lactic acid. The 50-per-cent solution is first employed, (stronger solutions following until the pure Lactic acid is reached). In sensitive patients, the following is to be applied to the mucous membrane before applying the Lactic acid:

- ℞ 634 Cocain. muriat., gr.  $\frac{3}{4}$ .  
Aq. dest., 3 iiss.  
S. To be brushed over the nasal mucous membrane.

In Rhinitis Sicca accompanied with crust formation, the nasal passages and the Naso-Pharynx are to be swabbed with the following:

- |       |  |           |
|-------|--|-----------|
| ℞ 635 | Iod. pur.,                               | gr. iij.  |
|       | Kal. Iodat.,                             | gr. ivss. |
|       | Glycerin.,                               | ℥j.       |
|       | S. To be applied with a brush or a swab. |           |

Recently, in place of the preceding, the following has been much employed:

- ℞ 636 Alumin. aceto-tartaric., gr. xv.  
 Aq. dest., ʒ iiss.  
 S. After the nasal passages have been cleansed with a solution of salt water, this solution is to be applied with a brush or swab.

**Ozæna. Foul-Smelling Nose.** In Syphilis and Scrophulosis, in addition to the local, a constitutional treatment is indicated. If the Ozæna be due to Caries, surgical procedures are advisable. The most important thing is to deodorize the secretions by thoroughly syringing the nose.

- ℞ 637 Kal. Hypermanganic., gr. lxxv.  
 Aq. dest., ʒ iij.  
 S. 1 teaspoonful is to be added to a pint of water; with this the nose is to be syringed.

In the same way the following:

- ℞ 638 Acid. Carbolic., ℥ xv. to xxx.  
 Glycerin., ʒ 1¼.  
 Aq. font., ʒ 6¾.  
 S. For syringing the nose.

Also the following:

- ℞ 639 Iodoform. pulv., gr. j.  
 Gelatin., q. s. ut f. bacill. nasal No. 6.  
 S. To be inserted in one or both nostrils.

In Syphilis and Scrophulosis, the nasal mucous membrane is to be swabbed with the following:

- |   |           |                                    |          |
|---|-----------|------------------------------------|----------|
| ℞ 640   |           | Also syringing with the following: |          |
| Kal. Iodat.,  | gr. viij. | ℞ 641                              |          |
| Iod. pur.,  | gr. ivss. | Iod. pur.,                         | gr. iij. |
| Glycerin.,  | ʒ iss.    | Kal. Iodat.,                       | gr. xv.  |
| S. To be applied to the nasal mucous membrane with a swab or a brush. |           | Glycerin.,                         | ʒ iiss.  |
|   |           | Aq. font.,                         | ʒ vj.    |
|   |           | S. For syringing.                  |          |

**Angina Catarrhalis. Pharyngitis Acuta. Acute Catarrh of the Pharynx.** Moist compresses are to be applied about the neck. Cracked ice is to be swallowed, and a mucilaginous gargle, similar to the following, prescribed:

Rx 642

Decoct. folior. Malv.

(e 20:200),                      ʒ vj.

Tinct. Opii simpl.,                      ℥ xv.

S. After being heated, to be used as a gargle.

In the same way:

Rx 643

Decoct. Althææ.,                      ʒ 6¼.

Tinct. Opii simpl.,                      gtt. xv.

Syr. Diacodii,                      ʒ v.

S. Use like the preceding.

In Pharyngeal affections, the following is at all times indicated:

Rx 644 Kal. Hypermangan. cryst.,                      gr. ss.

Aq. dest.,                      ʒ ix.

S. As a gargle.

**Angina Phlegmonosa. Angina Tonsillaris. Quinsy. Acute Suppurative Tonsillitis.** Cold compresses, cracked ice, and gargling with Kali Hypermangan. may be advised. In difficult deglutition or when there is severe pain:

Rx 645 Cocain. mur.,                      gr. xv.

Aq. dest.,                      ʒ iiss.

S. To be brushed over the affected area.

Soothing and sometimes really abortive are scarifications of the inflamed parts with a bistoury (all except the point of the blade being guarded with a moist piece of paper).

Under all circumstances, a Tonsillar abscess is to be opened. If the affection returns frequently, a Tonsillotomy is to be performed at a time when the tonsils are not inflamed.

**Pharyngitis Chronica. Chronic Catarrh of the Pharynx.** Excessive smoking (especially cigarettes), smoky and dusty localities, heavy alcoholics, and highly seasoned food are to be avoided.



R̄ 646

Acid. Tannic.,	gr. xxx.
Aq. font.,	℥ vj.
Spir. Frument.,	
Syr. Diacod.,	āā ℥ iiss.
S. As a gargle.	

In the same way:

R̄ 647

Alim. crud.,	gr. xlv.
Aq. font.,	℥ vj.
Syr. Moror.,	℥ v.
S. As a gargle.	

R̄ 648 Spir. vin. Gallic.,

Aq. font., āā ℥ iij.

S. As a gargle.

R̄ 649 Alim. crud. (or Acid. Tan.), gr. lxxv.

Aq. font., ℥ vj.

Syr. Diacodii,

Spir. Frument., āā ℥ iiss.

Tinct. Opii simpl., ℥ xlv.

S. As a gargle.

In stubborn cases, and especially in those dependent upon constitutional causes, the following:

R̄ 650 Argent. nitric., ℥ ss. to vj.

Aq. dest., ℥ iij.

S. To be applied with a swab.

In Pharyngitis Granulosa, the granular elevations are to be cauterized with the galvano-cautery, Nitrate of Silver, or Chromic Acid. Recently, concentrated solutions of Lactic Acid have been employed.

**Angina Crouposa et Diphtheritica.** [The Serum treatment is generally endorsed in Vienna.—Metzerott.] A general constitutional treatment is indicated. Antipyresis, cold applications, cracked ice, gargling with Kali Hypermanganic. are procedures to be employed according to circumstances.

R̄ 651 Aq. Calcis.,

Aq. dest., āā ℥ xvj.

S. To be constantly vaporized in the vicinity of the patient by means of Siegle's apparatus.

- ℞ 652 Choral. hydrat., 3 ij.  
 Glycerin., 3 j.  
 S. To be applied 4 or 5 times daily with a piece of  
 lint wound around a probe or pencil.  
 Swabbing with Lactic Acid may also be tried.

**Syphilis Pharyngis. Syphilis of the Pharynx.** Syphilitic Plaques accompanying a papulous Syphilide (providing the affection is of a recent date), are to be brushed with Tinct. of Iodine. Plaques of an older Syphilis are to be cauterized with Nitrate of Silver. Ulcera Syphilitica of the Pharynx are to be swabbed with the Tincture of Iodine or Lugol's Solution.

- ℞ 653 Iod. pur., gr. xv.  
 Kal. Iodat., 3 ss.  
 Glycerin. (or Aq. dest.), 3 j.  
 S. To be applied with a swab or brush.

**Laryngitis Acuta. Acute Catarrh of the Larynx.** Inhalations of steaming water or the following is advisable:

- ℞ 654 Decoct. flor. Sambuci (e 10:200), 3 vij.  
 Aq. Laurocer., 3 ss.  
 S. To be inhaled warm.

(These inhalations are to be administered by means of an ordinary open vessel. The vessel and the head of the patient being covered with a cloth.)

- ℞ 655 Aq. Lauroceras., 3 iss.  
 Tinct. Laudan. simpl., gtt. lxxv.  
 S. 1 or 2 teaspoonfuls are to be added to a quantity of water, sufficient to fill the receptacle of Schroetter's inhalation apparatus one-third full.

If there is severe cough:

- ℞ 656 Morph. mur., gr.  $\frac{3}{4}$ .  
 Natr. bicarbonic., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders daily.

If there is also a tendency to constipation, the following:



- ℞ 662 Alum. crud. pulv. (or Acid. tannic.),  
 Sacch. alb., āā 3 iss.  
 Morph. mur., gr.  $\frac{3}{4}$ .  
 S. For insufflation.

If results are not obtained from these insufflations, swabbing the Larynx with the following is to be tried:

- ℞ 663 Argent. nitric., gr. xv. to 3 iij.  
 Aq. dest., 3 iss.  
 M. Da in vitro nigro.  
 S. For swabbing.

The stronger solutions are to be used upon those patients in whom the Vocal Cords are noticeably thickened. If after swabbing, spasms of the Glottis set in, the patient is to be instructed to breathe deeply, or to be given a swallow of water.

**Œdema Glottidis. Œdema of the Glottis.** Cracked ice is to be given and cold applications are to be made to the neck; or Iodine and Glycerine (℞ 653) is to be rubbed over the neck and then covered with a piece of oiled silk. When necessary, an emetic is to be given or the swollen parts at the entrance of the Larynx are to be scarified.

**Laryngitis Crouposa et Diphtheritica. Membranous and Gangrenous Croup.** Cold compresses are to be applied about the neck; cracked ice or cold drinks are to be given internally; gargles of the Permanganate of Potash; and inhalations of steaming water or the following are indicated:

- ℞ 664 Kal. hypermangan., gr. iij.  
 Aq. dest., 3 iij.  
 S. To be inhaled every hour by means of Schroetter's apparatus.

Inhalations of Aqua Calcis or the following may be administered in the same way:

- ℞ 665 Acid. carbolic., ℥ viij.  
 Aq. dest., 3 iij.  
 S. For inhalations.

During the further course of the disease, if there is dyspnoea and the pulse still remains strong, an emetic may be tried; an injection of  $\frac{1}{8}$  of a grain of Apomorphine is best. If there is high fever, Quinine and Antipyrin are to be given; in collapse, stimulants; if suffocation is threatened, a Tracheotomy is to be performed.

**Perichondritis Laryngea.** In the commencement of the affection, an anti-phlogistic procedure is indicated. Inunctions of the neck of Iodine and Glycerine (R 653), swallowing cracked ice, inhalations by means of Schroetter's apparatus of warmed vaporized solutions (water to which a few drops of Tinct. of Opium have been added, solutions of Kal. Hypermanganic, Carbolic Acid, etc.) are to be employed. In Syphilitic Perichondritis of a mild grade, the Larynx is to be swabbed with Iodine and Glycerine (R 653). In Oedema of the soft parts at the Aditus Laryngis, scarification of the same is advisable. If there are acute exacerbations of Laryngeal Stenosis, a Tracheotomy is to be performed before intoxication with Carbonic-Acid Gas sets in, after which, the local treatment is to be continued. Upon the subsiding of the inflammatory symptoms, if a cicatricial Laryngeal Stenosis remains, it is to be mechanically dilated with Schroetter's hard-rubber tubes or triangular metallic bougies.

**Tuberculosis Laryngis. Phthisis of the Larynx. (a)**  
In the infiltrated form, the swollen parts are to be swabbed with Lactic Acid. Treatment is so to be commenced with the following solution:

R 666	Acid. Lactic.,	3j.
	Aq. dest.,	3 ss.
	S. To be applied with a swab.	

The concentration of the solution is to be gradually increased until the pure Lactic Acid is used. Swabbing is to take place daily until an eschar is formed, then the treatment is to be suspended. After the eschar has been shed, the treatment is to be again resumed. If swelling of the Thyroid Cartilage in a Perichondritis Tuberculosa is apparent from the outside, the neck is to be anointed with Iodine and Glycerine (R 653). When



R 671    Menthol.,                      ʒ ij.  
             Ol. Olivar.,                  ʒ x.  
S. Several drops are to be injected with a laryngeal  
         syringe.

Swabbing the Larynx with Resorcin has been frequently followed with good results:

℞ 672 Resorcini,  
Aq. dest., āā 3j.  
S. To be applied with a swab.

When the ulcerations cause great pain and deglutition is difficult, the following is indicated:

R 673	Morph. mur.,	gr. xv.
	Iodoform.,	
	Amyl.,	ãã gr. lxxv.
	S. For insufflations.	

If the patient experiences extreme difficulty in swallowing, the Larynx is to be swabbed with a 10-per-cent solution of Cocaine.

If the parts are greatly swollen, inhalation of the following is advisable:

℞ 674	Natr. boracic,	gr. xv.
	Aq. font.,	℥ v.
	Aq. Lauroceras.,	℥ lxxv.
	S. To be inhaled several times during the day with Schroetter's apparatus.	

Ten to twenty drops of the Tincture of Opium may be added to the above mixture when indicated.

**Syphilis Laryngis.** Syphilis of the Larynx. Inunctions or Iodides are to be prescribed as the case may demand.

<p>℞ 675</p> <p>Kal. Iodat., gr. lxxv.</p> <p>Pulv. et extr. Liquir., āā q. s.</p> <p>ut f. pill. No. 30.</p> <p>S. About 3 pills 2 times a day.</p>	<p>Or:</p> <p>℞ 676</p> <p>Natr. Iodat., 3 v.</p> <p>Div. in dos. æqu. No. 20.</p> <p>S. 2 or 3 powders in water, daily.</p>
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In severe cases, the Inunctions and Iodides are to be given simultaneously. The neck should also be painted with the following:

℞ 677	Kal. Iodat.,	5 ss.
	Iod. pur.,	gr. iiij.
	Glycerin.,	3 v.
	S. To be applied with a brush.	

The laryngeal mucous membrane may likewise be painted with Iod. Glycerine. If ulcerations are present, they are to be cauterized with strong solutions of Nitrate of Silver, or the Nitrate of Silver in substance (by means of the Nitrate of Silver Carrier).

**Paresis Musculorum 'Laryngis. Paralysis of the Laryngeal Muscles.** Treatment of the causative affection (Catarrh, Syphilis, Hysteria, etc.). Paralysis of individual muscles, due to catarrh, often disappear under the treatment of the same. The remaining Paralysis are to be treated with electricity (faradisation). The electrodes are to be placed either on both sides of the Larynx or endolaryngeal faradisation is to be resorted to (one electrode being applied externally and the other being placed in the Sinus Pyriformis).

**Corpora Aliena in Larynge. Foreign Bodies in the Larynx.** They are to be extracted either with the laryngeal pincette or forceps. To facilitate extraction, the laryngeal and pharyngeal mucous membranes may be anesthetized with a 10-per-cent solution of Cocaine.

If the foreign body can not be removed laryngoscopically, a Laryngotomy is to be performed.

**Tracheitis. Catarrh of the Windpipe.** In acute Catarrh, inhalations of the following may be highly recommended:

℞ 678	Spir. vin. rectificat.,	3 iij.
	Aq. Laurocerasi,	3 iiss.
	S. One-half a teaspoonful is to be inhaled from a vessel filled with steaming water.	



When there is severe cough, the following may be inhaled:

- ℞ 679 Tinct. Opii simpl., ʒj.  
 Aq. Laurocer., ʒ iss.  
 S. 1 teaspoonful is to be placed in the glass receiver of Schroetter's inhaling apparatus (the latter must not be completely filled with water).

Recently, the following has been much employed:

- ℞ 680 Cocain. mur., gr. viiss. to xv.  
 Aq. dest., ʒ iss.  
 S. To be inhaled with Schroetter's apparatus.

In Chronic Catarrh, inhalations of Ol. Terebinth. or strongly diluted alcohol are advisable.



# PSYCHIATRIA

## FROM THE CLINIC

CONDUCTED BY

Prof. RICH. FREIH. V. KRAFFT-EBING.

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**1. Prophylaxis.** Children, predisposed by reason of heredity, are not to be artificially fed or nursed by mothers suffering from a nervous affection but, if possible, by a healthy wet-nurse. Warm rooms and too heavy clothing are to be avoided. Cool baths at a temperature of  $26^{\circ}$  R., later  $23^{\circ}$  R., are to be given; hardness is to be obtained by washing the body with cold water. The food is to be nutritious but non-irritating. Coffee, tea, and alcohol are to be avoided. An attempt is to be made to prevent the development of a sensitive and complaining disposition. Attendance at school is to be delayed as long as possible. If the parents are irritable, hypochondriac, or hysterical, the child is not to be reared at home but in some suitable boarding-school. Sexual maturity is to be retarded as much as possible. At the time of puberty, sicknesses (Chlorosis, etc.), are to be vigorously treated. The reading of novels is to be discouraged and an over-religious excitement guarded against. In adults, the mode of life is likewise to be moderate. The misuse of articles of consumption is to be discouraged. It is advisable to select a civil or technical calling which requires no special mental tax and does not involve a frequent change. The marriage of women is not to be allowed until the body is fully matured. Mothers are not to nurse their children more than three months, even if it is possible to do so longer.

**2. Treatment During the Commencement of Insanity.** In the commencement, a mental affection, sometimes interpreted as a depression of spirits, anxiety in love, Chlorosis, Hysteria, and Nervousness, is frequently favorably influenced by inducing the patient to abandon a confining occupation, or the cares

of domestic affairs, and all business excitement; and to visit friends in some healthy locality in the country or to make a short journey under the charge of a companion. Long journeys, the visiting of larger cities and health-resorts for the most part are to be forbidden. Treatment at hydropathic institutions is not advisable, but if taken, the greatest precaution must be employed. The food is to be nutritious but non-irritating; tobacco and alcohol are to be used sparingly. Sleep may be induced by lukewarm baths, Priessnitz's compresses, galvanization of the head, Paraldehyd, Sulfonal, and Amylenhydrate.

### R 681

Sulfonal,                    ʒ iiss. to iv.  
Div. in dos. æqu. No. 10.  
S. 1 powder in soup or milk  
in the evening.

### R 682

Paraldehyd.,  
Brandy,                    āā ʒ 1 $\frac{1}{4}$   
S. To be taken in the evening  
in glass of sugar-water.

### R 683

Amylenhydrat.,                    ʒj.  
Succ. Liquir.,                    ʒj.  
Aquæ dest.,                    ʒ iss.  
S. To be taken in the evening.

Or:

### R 684

Amylenhydrat.,                    ʒj.  
S. To be taken in the evening  
in beer.

Opiates may be given alone or in combination with Quinine; also Digitalis, with Aq. Amygdalarum and likewise the Bromides. When there is a want of tone of the vessels of the brain, cold compresses or Leiter's coil may be applied to the head; or a mustard plaster placed on the back of the neck; or foot-baths may be given. Attention is to be paid to the stool; and for inducing same, prescribe Aloes, Rheum, Podophyllin, or saline cathartics; or articles of diet (grapes, whey, etc.). The physician should gain the confidence of his patients, try to divert their attention from themselves, and endeavor to cheer them. Those about these patients must not moralize, criticize, nor irritate or embitter them by endeavoring to dispel their delusions through logical arguments. Likewise the mentioning of their condition must be guarded against.

For the varied forms of Melancholia, Psychic Hyperæsthesia, and Præcordial-Fear, Opium (vide R 690, 691) is to be given.

Withdrawing the food and limiting the diet (the so-called

Entziehungskuren of the Germans), bleeding, the administration of purgatives and derivantia, reckless cold hydro-therapy as well as the treatment (Erschütterungskur) with Tartar Emetic and psychic shocks are always to be avoided.

**3. Insane Asylums.** A transference to an asylum becomes necessary when the dwelling of the patient is not suitable and when it is not possible to give the proper psychic treatment at home; also, in case of poverty; when the patient is a source of danger to himself and those about him; when he is unwilling to receive attention and refuses medical treatment as well as food. In Hypochondriasis, Hysteria, Confusional Insanity, and quiet Secondary Psychic Weakness, treatment at home is to be preferred to that of an asylum, providing, the surroundings are favorable.

**4. Treatment when the Mental Disease is Fully Developed. Agents to Prevent the Flow of Blood to the Brain.** Bleeding for the purpose of lessening the arterial pressure is to be allowed only in the commencement of an acute delirium, or in case of suppression of the Menses. In certain climacteric psychoses, it is permissible to apply leeches to the Mastoid Process or upon the Septum of the nose, or cups upon the back of the neck.

Acceleration of the heart may be reduced by means of compresses applied upon the Præcordia or about the abdomen and the employment of cool sitz-baths at a temperature of from 86 to 78° F. Digitalis may likewise be employed (with great care, however, on account of its cumulative action). Digitalis is contra-indicated in acute affections of the stomach and during a state of sexual excitement.

℞ 685 Infus. fol. Digital. (e .5 to 1:150 to 200), ʒ vj.  
S. 1 tablespoonful every 2 hours.

℞ 686 Tinct. Strophanti, ʒ ss.  
S. 10 to 15 drops 3 times a day (only under the guidance of a physician.

Natr. nitricum and Morphium assist the action of the preceding:



Ether, Chloroform, Opium, and Morphine in large doses and Amylin-nitrite (2 to 6 drops upon a piece of cotton, which is to be inserted in the nostrils, and of which not more than 12 drops are to be used per day) act as vascular dilators.

**Agents to Reduce Increased Excitability and to Prevent Excitement.** Opium and Morphinum in small doses act as vaso-constrictors; in large doses as vaso-dilators. Opium also has a trophic action, for this reason it is to be employed in individuals whose bodily nutrition is reduced; namely, in Melancholia accompanied with or without a state of fear, or with Psychic Hyperæsthesia; also in anæmic women having Puerperal Psychoses, Maniacal Excitement, in Irritable Mania, and in Acute Alcoholic Psychoses. Opium is injurious in Melancholia Passiva and Melancholia Cum Stupore.

Morphium and Opium are given both internally and subcutaneously:

℞ 690 Extr. Opii (aquos), gr. xv.  
 Extr. Rhei, ʒ ss.  
 Extr. et pulv. Liq. q. s. ut f. pil. No. 50.  
 S. 2 to 10 pills are to be taken (2 pills at first and gradually increase to 10) mornings and evenings.

℞ 691 Extr. Opii, gr. ix.  
 Vini Malacens.,  
 Aq. dest., āā ʒ xv.  
 Tinct. Aurant. comp.,  
 Syr. Aurant., āā ʒ ss.  
 S. To be taken in teaspoonful doses pro re nata, according to the following table:

1st day,	2	teaspoonfuls	in the morning,	and	3	in the evening.
2d "	2	"	"	"	3½	" "
3d "	2½	"	"	"	4	" "
4th "	3	"	"	"	4½	" "
5th "	3½	"	"	"	5	" "
6th "	4	"	"	"	5	" "

and so continue. Until from 4½ to 6 grains are taken, there need be no concern on the part of the physician.

The constipation during the commencement of this treatment will disappear after the lapse of from 8 to 10 days, when the intestines become tolerant of the remedy.

If vomiting interferes with the internal administration of this drug, the following is to be given:

- ℞ 692 Morph. mur., gr. vj.  
 Aq. dest., ʒ v.  
 S. 15 minims are to be injected hypodermically. Or:
- ℞ 693 Morph. mur., gr. iv.  
 Glycerin., ʒ iv.  
 Quinin. bisulph., gr. xvj.  
 Aq. dest., ʒ ss.  
 S. 15 minims, hypodermically.
- ℞ 694 Extr. Opii (aquos), gr. xv.  
 Glycerin., ʒ ss.  
 Aq. dest., ʒ ivss.  
 S. From  $\frac{1}{2}$  to 1 dram hypodermically, during the day.

If vomiting sets in after an injection has been given, a restful position is to be assumed. Black coffee is to be administered and a small amount of Atropine ( $\frac{1}{250}$  to  $\frac{1}{120}$  of a grain pro dosi) is to be added to the solution.

When collapse follows immediately after an injection of Morphiium, artificial respiration is to be practised, also faradisation of the Phrenic Nerves. Morphiium is contra-indicated in Anæmia, Abstinence, Marasmus, when there are tendencies to collapse, in non-compensated valvular lesions of the heart, fatty heart, and when a Mania of an expansive character has reached its height.

A reliable remedy during a state of frenzy (but it must not be used in patients suffering from a fatty heart, Arteriosclerosis, fever, or Marasmus) is:

- ℞ 695 Hysocin. muriatic. (.01 gram.), gr. 1/7.  
 Aq. dest., ʒ iiss.  
 S. 1 to 2 Hypodermic-syringefuls (M 15) is to be injected. [This appears to be an unusually large dose to administer for the first time, hypodermically.—Metzerott.]



The drug may be given internally in doses of double this quantity, if necessary. Its continuous use is to be warned against. Better:

℞ 696 Duboisin. sulph. (.01 gram.), gr. 1/7.  
Aq. dest., ʒ iiss.  
S. 15 minims are to be injected hypodermically.

Internally, as much as double this quantity (.002 gram—1/33 of a grain) may be given. This is also a good hypnotic. To lessen reflex excitability (e. g. in hysterical spasms and contractions), the following are indicated:

℞ 697 Extr. Conii maculat., gr. xlv.  
Extr. et pulv. liq. q. s. ut pill. No. 60.  
S. From 4 pills per day increase gradually, until 10 pills per day are taken.

℞ 698 Camphor. monobrom.,  
\*Extr. Valerian., āā gr. xlv.  
M. f. pill. No. 30.  
Obduc. fol. argent.  
S. 1 pill 3 times, daily.

\*Unofficial—the abstract may be substituted.

In reflex psychoses, in psychoses in which the sexual organs are involved, the Bromides that are known to quiet the reflex centres are to be employed. From  $1\frac{1}{2}$  to  $2\frac{1}{2}$  drams (even  $\frac{1}{2}$  ounce) per day are to be given. A hypnotic action may be obtained in men through the administration of  $1\frac{1}{2}$  drams of the Bromides, and in women by 1 dram.

The action of the Bromides is dependent upon the amount of Bromine which the respective salts contain. The percentages are:

Brom. Kali.	contains	62	per cent of Bromine.
" Natrium	"	67	" "
" Ammonium	"	75	" "
" Magnesium	"	83	" "

For Bromism accompanied with languor, impairment of memory, and feeble activity of the heart, Strychnine is the proper antidote:

℞ 699 Strychnin. nitr., gr.  $\frac{1}{3}$ .  
 Aq. dest., 3 iiss.  
 S. One-half to 1 hypodermic-syringeful (℥ 15) 1  
 or 2 times during the day.

**Hygienic Quieting Agents.** Rest in bed and temporary isolation, if necessary; withholding of those things that tend to irritate the special senses; lukewarm baths at a temperature of from 88 to 92° F., lasting from one-half to one hour, fluxion being brought about at the same time by applying cold compresses to the head. Under some circumstances, prolonged baths at a temperature of 95° F., lasting from ten to fourteen hours, the head being enveloped, simultaneously, in wet compresses at a temperature of 66° F. may be advisable. Priessnitz's compresses applied from one to several hours may likewise be employed (baths are contra-indicated in Anæmia, and conditions of prostration).

**Hypnotics.** Rest in bed, abundant food, and alcohol; strong beer, old wine, hot claret or wine-punch may be given at supper. In case of fluxions (congestions) of the brain, lukewarm baths, mustard-baths, mustard foot-baths, Extr. Secal. Cornut. (Ergot), and Bromides may be administered. For conditions of fear, imperative conceptions, and hallucinations, Opium, Morphinum, Sulfonal, Paraldehyd, and Amylenhydrate are to be given.

For sleeplessness in hysterical and neurasthenic individuals, Priessnitz's compresses or the Priessnitz abdominal girdle may be tried, or Valerian, Aqua Laurocerasi, Sulfonal, Camphor Monobromata (gr.  $7\frac{1}{2}$  pro dosi in suppositories) Bromides, and Piscidia may be given.

Chloral Hydrate in doses from 30 to 45 grains may be given either internally or per clysmā. This drug, however, is to be avoided in old people, in fatty heart, in Arterio-sclerosis, and valvular lesions.

Amylenhydrate (especially in Anæmia of the brain) may likewise be administered in doses of not less than 2 scruples, nor more than  $1\frac{1}{2}$  drams. It is to be given with double the amount of brandy; likewise Paraldehyde (inactive in doses of

less than 1 dram) in doses as large as 2 drams with double the amount of Tinct. fruct. Aurant. (the odor of this remedy is very unpleasant); or:

℞ 700 Paraldehyd., ʒ iij.  
 Tinct. Aurant.,  
 Cognac., āā ʒ iiss.  
 S. One-half to be taken in sugar-water at night.

In addition, a galvanic current ( $\frac{1}{2}$  to 1 milliampere) may be passed through the longitudinal diameter of the head from 2 to 3 minutes.

℞ 701 Trional., gr. xv. to xxx.  
 S. 1 powder in some warm beverage (milk or lemonade), evenings.

Especially efficacious in inebriates is Paraldehyde, which may be combined with hypodermic injections of Morphia, whenever the urgency of the case demands.

**Antaphrodisiaca.** Camphor and Belladonna are of but little value. Lupulin in doses of not less than 15 grains may be tried. If Bromides are employed, the dose must not be less than  $1\frac{1}{2}$  drachms. Antipyrin in doses of  $\frac{1}{2}$  drachm may be tried, also Natrium Nitricum in doses of 45 grains per day,

The treatment is to be directed against any possible causative factors, such as Oxyuris, Vaginismus, Leucorrhea, or Pruritus. Swabbing with solutions of Cocaine, Cocaine suppositories, washing with cold water, sitz-baths, fatigue brought on by bodily exercise, and an avoidance of highly seasoned food and alcoholic beverages may afford relief. Cauterisation of the Clitoris and Clitoridectomy have been followed with good results.

For frequent pollutions, the following:

℞ 702 Extr. Secal. cornut. (Ergot.), ʒ iss.  
 Camphor. monobrom., ʒ ss.  
 Lupulin., gr. xlv.  
 Pulv. et extr. Liq. q. s. ut f. pil. No. 50.  
 S. 3 or 4 pills, daily.

- ℞ 703 Camphor. monobrom., 3j.  
 Extr. Belladonnæ, gr. ij.  
 Liquefactis leni calore adde  
 But. Cacao et Ol. Olivarum q. s. ut f. sup. No. 6.  
 S. 1 suppository in the evening.

**Tonica.** In addition to nutritious food and pure air, hydro-pathic treatment in the form of shower-baths, cool sitz-baths at a temperature of 77 to 86° F. with strong douches and friction, washing of the body with water at a temperature of from 68 to 84° F. may be tried. Likewise general faradisation, or electrical massage, Quinine and Iron preparations, Ergotin and Nux Vomica.

- ℞ 704 Extr. Secal. corn. (Ergot.),  
 Quinin. ferro-citr., āā gr. lxxv.  
 F. pil. No. 50.  
 S. 3 to 5 pills, daily.

- ℞ 705 Quin. ferro-citr., gr. xv.  
 (Extr. Nuc. vom., gr. iij.)  
 Extr. Liquir. q. s. ut f. pil. No. 20.  
 S. 1 pill 2 times, daily.

**Somatic Treatment.** Strengthening diet, fresh air, and cleanliness are desirable. Rest in bed, has a quieting effect and is indicated in conditions of mal-nutrition, Marasmus, when there are symptoms of Anæmia of the brain, and when the patient refuses to take food.

Cleanliness is to be obtained by treating the patient in whatever way circumstances may require. During stages of great excitement, the patient must be confined in a suitable ward, having good facilities for ventilation and heating. The walls of the room must be cemented, the floors must not leak, and the beds must be of the proper construction. In quiet but filthy patients, care must be taken to regularly unload the bowels by means of enemata. Insufficient contraction of the Sphincter may at times be favorably treated with Nux Vomica, and Hyperæsthesia of the rectal mucous membrane with Belladonna.



Opium, when administered subcutaneously, will be found most effective. In those cases of Præcordial Fear associated with Neuralgia, it is to be injected at the seat of pain. Chloral Hydrate is also an active remedy in the Præcordial Fear of Neurasthenics and Onanists.

**Hallucination.** In Auditory Hallucinations, accompanied with Sensory Hyperæsthesia, the treatment is to consist of the employment of the direct current or Morphium. Hallucinations localized upon one ear or eye, will require treatment of the respective organs.

# DISEASES OF CHILDREN

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. HERMANN WIDERHOFFER, M.D.,

CONSULTING PHYSICIAN TO THE COURT.

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## A. CARE OF THE HEALTHY CHILD.

**Room and Bed of the Nursing-Infant.** The temperature of the room during the first three or four days is to be from 70 to 72° F., after that 68° F. The apartment is to be aired twice a day and during the first six days is to be darkened. The crib is to be stationary and the child is not to be placed in a cradle or hammock. The mattress and pillows are to be filled with sea-grass or horsehair, not with feathers. The covering is to consist of a light blanket only. The infant is to sleep in its crib; is to be carried about several hours during the day but is not to be rocked in the arms.

### Food of the Child During the Nursing Period.

**1. Nursing from the Breast.** The breast-milk is undoubtedly the best form of nourishment, especially:

(a) When coming from the child's mother.

Under every circumstance, the mother is to nurse her child, if possible. Contra-indications are puerperal affections, severe Mastitis, acute (caused by great loss of blood during delivery) or chronic Anæmia, predisposition to Pulmonary Phthisis, or an already-existing Tuberculosis, Prolapsus Uteri, severe Leucorrhœa, Epilepsy, and Hysteria. (As regards the nursing of a child by a syphilitic mother, see *Lues Hereditaria*.) The mother is likewise not to nurse her child when the secretion of milk is greatly diminished, (when the amount of milk is only slightly reduced, natural and artificial nursing are to be combined); when the nipples are retracted (they are to be washed daily during

pregnancy with lukewarm water and drawn forward with cups, etc.); and when excoriations exist that can not be made to heal while nursing.

**Excoriationes Papillarum.** A prophylactic treatment is to be employed during pregnancy, the nipples being washed with alcoholic solutions and preparations containing Tannic Acid, such as the following:

℞ 707 Tinct. Gallar., ʒ ss.  
Spir. vin. Gallic., ʒ v.  
S. To be rubbed over the nipples.

If the excoriations already exist they are to be swabbed three times daily, immediately after nursing, with Nitrate of Silver, after which the nipple is to be carefully washed.

℞ 708 Ol. cadin., ʒ ss.  
Ungu. emollient.,  
Glycerin. pur., āā ʒ v.  
S. Paint the nipples morning and evening—before nursing they are to be thoroughly washed.

**Galactostasis.** When the mammary gland is congested with milk and especially when painful, the following is to be employed:

℞ 709 Extr. Belladonn., gr. iij. to vj.  
Ungu. emollient., ʒ v.  
S. To be applied morning and evening upon the breast but not on or in the vicinity of the nipple.

N.B. When this salve is used the breast is to be thoroughly cleansed before nursing.

(b) **Employment of a Wet-Nurse.** In selecting a wet-nurse, especial attention is to be given to the following points: Age of the wet-nurse (20 to 30 years); age of the nurse's child (6 to 8 weeks); number of births (a wet-nurse is at her best after her second confinement). A bodily examination of the skin is to be made (for Syphilis, Scrophulosis, Scabies, etc.), of the lymphatic gland (for Syphilis, and Tuberculosis), the genital organs (for Syphilis, and Puerperal affections), the gluteal folds, and the teeth (Caries), the heart, the lungs, and finally the mam-mæ. The latter should be moderately large, free from fat but rich



is cellular glandular tissue; a rich net-work of veins should be discernable through the skin; the nipples should be long so as to be easily grasped; and when concentric pressure is made upon the breast, the milk should be ejected in from 6 to 8 sprays and not dribble spontaneously. The child of the wet-nurse should also be examined.

The food of the nurse should be similar, if possible, to that to which she has been accustomed, perhaps a little more abundant. The drinking of large quantities of liquids is advisable. Beer (the best is Pilsener) may be taken in moderate quantities, but it is only necessary in individuals who have been accustomed to the same. Highly seasoned food should be avoided.

The return of a single menstrual flow (providing it does not take place previous to the fourth month) does not necessarily require a change of the wet-nurse. Only when symptoms of dyspepsia, resulting from the menstruation, continue in the interim after the cessation of menstruation or when repeated attacks of indigestion occur, should another wet-nurse be employed or infants from 6 to 7 months old be weaned. Transitory febrile affections of the wet-nurse (usually Acute Catarrh of the Stomach) will require the occasional removal of the child from the breast. After the subsidence of the fever, the first milk is to be withdrawn and not until several hours thereafter is the child to be nursed. After violent and tiring exercise by the nurse, nursing is also to be interrupted for a short time.

(c) **Frequency and Time of Nursing Infants Reared upon the Breast.** During the first 12 to 16 hours, the infant may readily do without nursing, inasmuch as mothers usually have no milk or very little at that time. (If, however, a little Camomille tea or sugar-water be given it will do no harm.) From the second day on, the child is to be placed upon the breast as often as it cries. Fruitless attempts at nursing must not discourage the mother and prevent her from giving the infant the breast. If the infant does not nurse well, during the first few days, a little of Biedert's Rahmgemenge (proprietary article) without the addition of milk may be given (see Artificial Feeding). From the fourteenth day on, regularity in the number of nursings is to be observed, the infant not being allowed to

nurse more than once in two hours nor longer than half an hour at a time. From the third to the sixth week, the child is to be allowed to nurse six times during the day and twice during the night, (i.e. near midnight and early morning); from the sixth week until the third month, five times during the day and once at night. If the infants are very delicate, especially those born prematurely, these rules are not to be observed. It is frequently necessary to feed these children with a spoon.

(d) **Weaning.** The best time to wean a child is between the seventh and tenth months, in other words, when the child has four teeth. Weaning, if possible, is not to take place during March or April, when the milk of the cows is usually bad or during July and August when the children are predisposed to affections of the digestive tract. Sudden weaning is only necessary in severe acute febrile affections of the mother or nurse, or when impossible to obtain another nurse. Under normal conditions it is to be done gradually. From the commencement of the fifth month, cows' milk, diluted  $\frac{1}{3}$  with water (in all about four ounces), is to be given once a day in place of the breast; after fourteen days, it may be given twice a day, and after the lapse of another two weeks, three times a day (provided, of course, the child thrives). At noon a weakly-salted meat-broth may be given, especially to children in whom there is a tendency to Rhachitis. After the lapse of another six or eight weeks, the infant may be entirely weaned.

**2. Artificial Feeding.** Artificially prepared mixed-foods may be highly recommended when the secretion of the mother's milk is insufficient. Feeding a child entirely upon artificial foods is never as good as rearing it upon the breast. The usual foods are:

(a) **Cows' Milk.** (Mares' milk would be better, on account of containing less casein.) The cows' milk should be from several dry-fed cows that have not been allowed to graze in the meadow. Milk coming from mountain-cattle (Swiss or Murzthal stock) is better than from cows of the low-lying valleys (Holstein). It is to be collected in thoroughly-cleansed vessels and after being boiled set aside. The amount required for each meal is to be heated each time and fed to the infant

either with a spoon or from a nursing-bottle. It is best to sterilize the milk after the method of Soxhlet. This may be done at home in the following way: Flasks of the proper size, are to be provided with vulcanized-rubbed stoppers perforated in the centre so that the opening may be hermetically sealed by inserting short glass rods. The milk or the proper proportion of milk and water (see following), is poured into these bottles and closed with the perforated rubber stoppers. The bottles and contents are then placed in a metallic vessel containing boiling water in which they are to remain for 20 minutes, when the glass rods are to be inserted into the rubber stoppers; the bottles now being sealed, the milk is to be boiled 20 minutes longer. Whenever a bottle of this milk is to be used, the rod and rubber stopper are removed and a thoroughly-cleansed rubber nipple is drawn over the neck of the bottle. During the nursing period, the cows' milk, whether sterilized or not, is to be given diluted with the proper amount of water as follows: For the first two weeks after birth, one part of milk to three parts of water; from then on until the fourth week, one part of milk to two parts of water. From the end of the first month until the end of the third month, equal parts of both are to be given; from then on, two parts of milk to one of water or during the latter months, three parts of milk to one of water. The daily amount of milk to be consumed during the first six weeks is to be about a half-pint; from then on until the fourth month, two-thirds of a pint to one pint; and from then on, not less than one and one-half pints. The child is to be given the milk as often as it would be given the breast, if anything, the interval should be a little longer but always at regular periods. From the third to the fourth month, well-salted meat-broths, free from aromatic herbs, may be given once a day. After the first four incisor teeth have been cut, half-roasted beef, juice from beef-steak, and chopped-meat may be given. If the cows' milk does not agree with the infant, it is to be diluted with veal broth instead of water. For the preparation of this broth, about one and one-quarter pounds of veal is to be boiled in one quart of water until one-half of the water has evaporated.

In localities where fresh unadulterated cows' milk can not be obtained, it is best to give in its place one of the following substitutes:

(b) **Liebig's Soup.** Twenty grams (drams 5) of malted barley, to be obtained from almost any brewery or apothecary, 40 grams (drams 10) of water, and 16 drops of *Liquor Kali Carbonic.* are to be allowed to stand for half an hour in a moderately warm room; after this the mixture is to be gradually added to a solution consisting of 20 grams (drams 5) of wheat-flour and 200 grams (ounces  $6\frac{1}{4}$ ) of unskimmed cows' milk which has been previously placed upon the stove and prevented from thickening by constant stirring. The whole mixture is then to be placed in a hot-water bath where it is allowed to remain for fifteen minutes at a temperature of  $235^{\circ}$  F. Before being removed, it is allowed to boil up, and after having become cooled, is strained through a cloth. During the first month, the soup is not to be given pure but diluted with equal parts of water. A preparation is manufactured by *Hell* which is more convenient to use, as it is only necessary, when preparing Liebig's soup, to add half a teaspoonful of the preparation to a pint of milk, then cook, and later, dilute, according to age of the child.

(c) **Biedert's Rahmgemenge** (Biedert's Cream Mixture) is a good substitute for mother's milk during the first few days of infancy, especially when the child does not nurse well. One to thirteen spoonfuls of hot water is the proper strength for administration; later on, milk may be added in the proper proportion instead of water.

(d) **Condensed Milk, Swiss Milk,** is well adapted as a food when traveling; and is to be given diluted with from 16 to 18 parts of water. The can is not to be closed after it has once been opened. Other substitutes for cows' milk are *Löfflund's Malt Extract* (1 teaspoonful to a pint of properly diluted milk); *Nestle's Food* (a proprietary preparation which is not to be used until the sixth or seventh month); *Demme's Mixture*, especially recommended in *Cholera Infantum*, made by stirring the white of 2 eggs in a pint of cold water and adding 2 spoonfuls of sugar of milk and 1 spoonful of brandy.

**Normal Dentition.** Order in which the teeth are wont to be cut according to time:

1st and 2d lower incisors are cut from	6th to 9th month.
1st and 2d upper incisors are cut from	} 8th to 10th month.
3d and 4th upper incisors are cut from	
1st and 2d upper premolars are cut from	} 12th to 15th month.
3d and 4th lower incisors are cut from	
1st and 2d lower premolars are cut from	} 18th to 24th month.
1st and 2d upper canines are cut from	
1st and 2d lower canines are cut from	} 30th to 36th month.
3d and 4th upper molars are cut from	
3d and 4th lower molars are cut from	

(The order of dentition is not always exactly as stated above, in as much as sometimes the upper and sometimes the lower teeth make their appearance first.)

The second dentition (cutting of the third molar) takes place at the end of the fifth or commencement of the sixth year. During the seventh year, the milk-teeth usually fall out and the permanent teeth make their appearance.

**Care of the Mouth of Healthy Infants.** During the first six weeks, the child's mouth is to be cleansed each time before and after nursing (providing the child is not asleep) with a piece of linen dipped in water. This is not to be used more than two times. In children, between the ages of three and four months, cleansing is only necessary in the morning and evening. During dentition, the mouth is to be frequently washed with cold water. As long as children are fed only milk and broth, the teeth may be cleansed with a piece of linen cloth dipped in water. Later, when more solid food is given, a fine soft tooth-brush is to be used. Finely ground linden ashes or the following is to be used as a tooth-powder:

℞ 710	Pulv. ossis Sepiæ,	
	Magnes. carbonic.,	āā 3 iiss.
	Pulv. rad. Ireos Florentin.,	3 ss.
	Ol. Menth. pip.,	gtt. iij.
	S. Tooth-powder.	

After the teeth have been brushed, the tooth-powder remaining upon the gums must be removed by frequently rinsing the mouth.

**B. TREATMENT OF THE DISEASES OF CHILDHOOD.**

When the general debility of the infant is such as to endanger life, the child is to be enveloped in cotton-batting or placed in a basket filled with warm sand. The hot-water incubators, made in Paris, may be highly recommended for this purpose. The position of the child is to be changed from time to time from one side to the other. To stimulate respiration, light pressure is to be made upon the thorax while the arms of the child are raised and lowered. Bran- and flour-baths at a temperature of from 95 to 97° F. may be advisable. Food is to be administered with a spoon and through the nose, if necessary. When there is *Œdema*, mild massage is indicated.

**Meningitis Purulenta. Purulent Meningitis.** In very strong children over ten years of age, 1 or 2 leeches may be applied back of the ear. If constipation exists during the commencement of the affection, the following is to be given:

℞ 711

Magnes. citric. effervescent.

Anglic., ʒ ij

S. 1 teaspoonful is to be dissolved in a glass of water.

Of this, a spoonful at a time is to be given.

Or:

℞ 712

Natr. phosphoric., gr. lxxv.

Aq. dest., ʒ ij.

Syr. rub. Idæi, ʒ iv.

S. To be taken in 2 or 3 doses.

If children refuse to take medicine, enemata are to be given.

As an antiphlogistic procedure, ice-compresses or Leiter's ice-cap may be applied to the head. The child should be placed at absolute rest in a darkened room; the food should be liquid and taken cold. Soup and milk are the best forms of nutriment. For vomiting, cracked ice, fruit-ices, and iced soda-water are to be given, and for fever the following:

℞ 713

Quinin. sulph.,

gr. xv. to xxx.

Sacch. alb.,

ʒ j.

M. f. pulv. div. in dos. æqu. No. 10.

S. 1 powder every 2 hours.

If the heart is strong and regular, but very much accelerated, the following is to be prescribed in addition:

℞ 714 Inf. fol. Digital. purp. (e .15:70), 3 2<sub>4</sub>.  
 Liq. Kal. acetic., gtt. x. to xxx.  
 Syr. simpl., 3 iiss.  
 S. 2 teaspoonfuls every 2 hours.

**Meningitis Tuberculosa. Tuberculous Inflammation of the Meninges.** (*a*) Prophylaxis is advisable in children of tuberculous parents or children whose brothers and sisters have died of Meningitis.

The first indication is to have the child nursed by a healthy wet-nurse. The slightest digestive disturbance should be immediately treated. After the child has been weaned, it is to receive the most nutritious food (meat, milk, and meat-broths). The child should be taken out of doors as much as possible and, if large enough to walk, is to take moderate exercise. Rational hardening by means of cold bath is advisable. Vaccination should take place before the third month. Whenever the children commence to look pale, the greatest care is to be observed regarding their diet.

If practicable, a change of climate is advisable (mountain regions in the summer and southern health resorts in the winter). During the summer, and also during the winter sojourns, the mineral waters from Pyrmont, Spaa, or other chalybeate springs are to be taken.

℞ 715  
Quinin. sulph., gr. ivss.  
Ferr. carbon. sacch., gr. viiiss.  
Sacch. alb., ʒj.  
M. f. pulv. div. in doses æqu.  
No. 10.  
S. 1 powder 3 times, daily.

Or:

℞ 716  
Quinin. ferrocitric., gr. xv.  
Sacch. alb., ʒj.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder 3 times, daily.

Glandular swellings are to be annointed with the following:

R 717	Iod. pur.,	gr. $\frac{3}{4}$ .
	Kal. Iodat.,	gr. viij.
	Ungu. emoll.,	℥j.
	S. Salve.	

(b) When the disease is fully developed, expectative procedures are advisable, such as quiet and rest in a frequently ventilated, darkened room. The food is to consist of liquid nutri-



ment, given frequently in small quantities. If there is constipation, enemata of pure water or water with the following added are to be given:

℞ 718 Ol. Ricini, ℥ iv. to ℥ j.  
 S. To be added to an enema.

When there is paralysis of the bladder, frequent catheterization is necessary.

Futhermore, in the beginning, the following remedies may be prescribed:

℞ 719 Quinin. sulp., gr. iij. to x.  
 Acid. sulph. q. s. ad sol. Aq. dest., ℥ iiss.  
 Syr. cort. Aurant., ℥ iv.  
 S. 1 teaspoonful every 2 hours.

Cold compresses should be applied simultaneously to the head. Frequently, the following remedy is prescribed:

℞ 720 Kal. Iodat., <span style="float: right;">gr. viij. to xvj.</span> Aq. dest., <span style="float: right;">℥ iiss.</span> Syr. simpl., <span style="float: right;">℥ iv.</span> S. 1 teaspoonful every 2 hours.	Likewise the following: ℞ 721 Liqu. Kal. acetic., <span style="float: right;">gtt. xx.</span> Aq. dest., <span style="float: right;">℥ ij.</span> Syr. simpl., <span style="float: right;">℥ iv.</span> S. 1 teaspoonful every 2 hours.
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**Meningitis Cerebrospinalis Epidemica. Epidemic Cerebro-Spinal Meningitis.** Absolute rest in bed is indicated. In the commencement, an ice-cap or Leiter's apparatus is to be applied to the head.

Saline cathartics or the following are to be given:

℞ 722 Calomelan., gr. iij. to ivss.  
 Sacch. alb., ℥ j.  
 M. f. pulv. div. in dos. dos. æqu. No. 10.  
 S. 1 powder every 2 hours until the bowels are completely evacuated.

The head and neck are to be annointed with Ungu. Ciner.

Furthermore, the Iodide of Potash may be given in doses proportionate to the age of the patient.



R 723	Kal. Iodat.,	gr. viij.
	Aq. font.,	ʒ ij.
	Syr. cort. Aur.,	ʒ j.
	S. 2 teaspoonfuls every 2 hours.	

When there are convulsions, the following:

℞ 724 Chloral. hydrat., gr. viij. to xxiv.  
Decoct. Salep., ʒ iij.  
S. Half of the mixture is to be added to an enema,  
to be given at night.

**Coryza. Cold in the Head. Nasal Catarrh.** In nursing-infants, this is a grave affection, inasmuch as nursing is interfered with. For this reason, the nose is to be carefully freed of its secretion by injections of lukewarm water, either a small nasal syringe is to be used, the jet from which is not to be too strong, or both the nostrils are to be cleansed with a camel-hair brush which has been first dipped in water. A mild astringent solution, similar to the following, should be injected twice a day:

℞ 725  
Zinc. Sulph. gr. iij.  
Aq. dest., ʒ v.  
S. For nasal injections.

R 726 Or:  
 Alum. crud., gr. v.  
 Aq. dest., ʒ v.  
 S. Externally.

R 727  
Acid. Tannic., gr. iij.  
Aq. dest., ʒ vj.  
S. Externally.

(These injections are to be given invariably by the physician.)

The child is not to be placed upon the breast until the nose has been thoroughly cleansed. If, notwithstanding the cleansing, the child is still unable to nurse the milk is to be administered with a spoon.

**Ozæna Scrophulosa. Scrophulous Ozæna.** The nose is to be faithfully cleansed while the Scrophulosis is being treated constitutionally. Iodine mineral waters or the following may be employed for the injection:



**Stomatitis Catarrhalis.** Catarrh of the Mucous Membrane of the Mouth. Thorough cleansing of the mouth with cold water or the following may be recommended:

℞ 733 Kal. chloric., gr. viij. to xv.  
Aq. dest., ʒ ij.  
S. As a mouth-wash.

Instead of the preceding, the following is to be used in nursing infants:

℞ 734 Borac. venet., gr. xv.  
Aq. dest. ʒ ij.  
S. As a mouth-wash.

**Stomatitis Aphthosa. Aphthæ.** Cold beverages, ice-water, soda with crushed ice, cracked ice or fruit-ices may be tried. When there is fever, the diet is to be restricted. Articles of food are best given in a fluid state and cold.

R 735	Kal. chloric.,	gr. xv.
	Aq. dest.,	3 ij.
	Syr. simpl.,	3 ij.
	S. 1 teaspoonful every 2 hours.	

In addition to the preceeding, the following mouth-wash is to be employed:

R 736	Kal. chloric.,	3 ss.
	Aq. dest.,	3 v.
	S. As a mouth-wash.	

Large apthæ are to be swabbed with Nitrate of Silver.

In nursing-children, the following is to be employed:

℞ 737 Borac. ven., ʒ ss.  
Aq. dest., ʒ iij.  
S. As a mouth-wash.

**Stomacace. Cancrum Oris.** The mouth is to be kept clean by rinsing every two hours with pure cold hydrant-water. Once a day, the affected parts are to be swabbed with absorbent cotton treated with Salicylic Acid. A mouth-wash containing Kal. chloric. (vide R 733) is to be employed in addition. A one-

per-cent solution of the Nitrate of Silver is to be used whenever the mucous membranes are loose and swollen but do not bleed. The roots of bad teeth are to be removed. After improvement has set in, the mouth is still to be cared for and to be kept thoroughly clean.

**Soor. Sordes.** The mouth is to be thoroughly cleansed, but great care is to be taken while doing so not to injure the child. This should be done each time before and after nursing with a small piece of cloth saturated with some suitable mouth-wash. The following will answer the purpose:

**R 738**

Borac. venet., gr. xv.  
Aq. dest., ʒ iij.  
S. As a mouth-wash. Or:

**R 739**

Natr. bicarbonic., gr. viij.  
Aq. dest., ʒ v.  
S. As a mouth-wash.

No ingredient containing sugar is to be added to these mouth-washes.

The clensing of the mouth is to be continued for a long time after the child is cured.

**Noma.** In every severe and infectious disease, the mouth is to be inspected and cleansed daily as a prophylactic procedure. When the infection is fully developed, a general tonic treatment is indicated. Nutritious broths, milk, wine, etc., are to be freely given.

**R 740**

Decoct. cort. Quin. reg.,  
(e 1:100), ʒ iij.  
Syr. cort. Aurant, ʒ ij  
M. S. Dessertspoonful every  
2 hours.

Or:

**R 741**

Tinct. Cinchon. compos.,  
Tinct. Rhei Dar. āā ʒ ss.  
S. 10 to 15 drops on a lump  
of sugar every 2 hours.

After a line of demarkation has made its appearance, the gangrenous area is to be removed. The borders are to be cauterized with fuming Nitric Acid or a concentrated solution of Carbolic Acid. Likewise, when the affection first makes its appearance, the area involved is to be thoroughly curetted with a sharp curette; after which, either Nitric Acid or the actual cautery is to be employed.

**Anchyloglosson. Congenital Shortening of the Frenum.**

An operative procedure is only necessary when the tip of the tongue can not be made to reach the border of the jaw.

The parents of the child, however, frequently demand its performance even when the affection is of a mild grade. During the operation, the extremities of the child are to be tightly enveloped in a blanket and held in a horizontal position in the arms of an attendant. The physician shoves the groove in the spatulated end of a director under the tongue in such a way that the tensely drawn frenum is firmly held in the same. The frenum is severed with a single closure of the scissors as far as it appears white. Hemorrhage is arrested by allowing the child to nurse. The infant must be watched however, for from one to two hours longer.

**Angina. Inflammation of the Throat. Amygdalitis. Angina Tonsillaris. Inflammation of the Tonsils.** As a prophylactic procedure (i. e. to prevent the development or further attacks), the child is to be hardened by exposure to cold. In children under two years of age, baths are to be given having a temperature in the commencement of 93° F. This temperature is to be reduced two degrees each day until from 83 to 80° F. is reached. In children over two years of age, bathing the body with cold water is advisable. At first, standing in water at the same temperature as the room is to be employed, then gradually colder water until fresh hydrant-water is used. Sponge-baths are best given at night; a well-rinsed sponge is to be used. Larger children are to take cold baths and during the summer indulge in swimming. As long as the affection exists, dusty places are to be avoided and the children are to be quartered in well-ventilated rooms having an equable temperature. When there is fever, rest in bed is advisable; aciduous beverages and mild laxatives, such as the following, are to be given:

R 742	Tinct. Rhei (aquos.),	℥ iv.
	Aq. dest.,	℥ ij.
	Syr. simpl.	℥ ss.
S.	1 teaspoonful every 2 hours.	

Cold applications may be applied to the neck. They are to be frequently changed. Cracked ice, or ice-water, may also be given, and to children who are old enough to gargle, the following:

**Rx 743**

Kal. chloric.,                     $\bar{3}$  iss.  
Aq. dest.,                         $\bar{3}$  x.  
S. As a gargle.                    Or:

**Rx 744**

Borac. venet.,                     $\bar{3}$  iiss.  
Aq. dest.,                         $\bar{3}$  x.  
S. As a gargle.

When the tonsils are inflamed they should be swabbed with Nitrate of Silver, especially the follicles and the small ulcerations. Abscesses of the tonsils are to be opened with a pointed bistuory—the blade being guarded with the exception of the point with a piece of adhesive plaster. After an acute attack has subsided, if there are hypertrophic tonsils, a tonsillotomy is to be performed.

### Diphtheritis Faucium. Diphtheritis of the Mouth and Pharynx.

(a) **Local Treatment.** Cold applications are the most important agents; compresses, previously placed upon ice, are to be applied every five minutes, day and night, or what is still better an ice-coil is to be placed around the neck. When there are grave symptoms of collapse, the applications are to be discontinued. Internally, cracked ice, ice-cream, or fruit-ices may be given. If the child refuses these, ice-water is to be frequently given in small quantities. Larger children should gargle frequently with a suitable mouth-wash. One of the following solutions is to be used:

**Rx 745**

Kal. chloric.,                     $\bar{3}$  j.  
Aq. dest.,                         $\bar{3}$  x.  
S. As a gargle.                    Or:

**Rx 746**

Kal. hypermangan.,            gr. iiss.  
Aq. dest.,                         $\bar{3}$  x.  
S. As a gargle.

In every acute affection of the throat occurring in a child, an examination should be made for Loeffler's Bacilli. When these germs are found to be present, Behring's Serum, in a form conforming to the gravity and duration of the affection, is to be immediately injected.

In the commencement and in mild cases, Behring's Anti-toxin No. 1 is to be used; later, or in more severe cases, No. 2; and when three days have already elapsed or in very severe cases No. 3 is to be used at once. The injections are to be repeated every 12 hours until the symptoms of intoxication (vomiting, prostration, loss of appetite, etc.) have disappeared and the diphtheritic process has become circumscribed. In severe cases, as many as five injections may be necessary. The strictest anti-septic precautions are to be observed when these injections are administered. The injections are made beneath the skin of the abdomen after the abdomen and syringe have been thoroughly disinfected with ether, alcohol, carbolic acid, etc. Instead of Anti-toxin No. 2, Paltauf's Serum, which is of the same strength, may be employed.

(b) **General Treatment.** The diet, notwithstanding the fever is to be as nutritious as possible, and is to consist of bouillon with an egg, cold milk, raw meat chopped fine, etc. For constipation enemata are to be employed.

Furthermore, Kal. Chloric. may be given, but this drug is contra-indicated in Albuminuria. It is to be prescribed in the following form for small children:

℞ 747	Kal. chloric.,	gr. viij. to xij.
	Aq. dest.,	℥ ij.
	Syr. rub. Idæi,	℥ iv.
	S. 1 teaspoonful, hourly.	

And for larger children as follows:

℞ 748	Kal. chloric.,	gr. xv. to xxiv.
	Aq. dest.,	℥ ij.
	Syr. simpl.,	℥ iv.
	M. S. 1 teaspoonful every hour.	

When there are evidences of degeneration of the heart (arythmic, small pulse, etc., loss of the Patella reflex) hypodermic injections of from 1/240 to 1/60 of a grain of Strychnine are to be administered from 1 to 2 times, daily.

When symptoms of collapse make their appearance, Russian tea with rum, black coffee with brandy, and hot claret are to be administered; the extremities are to be enveloped in hot cloths, and the body washed with vinegar.

**R 749**

Camphor. ras., gr. iij. to viiss.  
 Spir. vin. q. s. ad sol.,  
 Mixtur. gummos., 3 ij.  
 Syr. simpl., 3 iv.  
 S. 1 teaspoonful every 2 or 3  
 hours.

**R 750 Or:**

Mosch. Oriental.,  
 gr. ivss. to viiss.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder every 2 hours.

During the after-treatment, strengthening food in the form of meats, etc., is advisable, and also iron and mineral waters containing iron, such as those of Spaa, Pyrmont, Franzensbad, etc.

(c) **Treatment of the Diphtheritic Paralyzes.** In addition to nutritious food, some preparation of iron such as the following is to be administered:

**R 751** Ferr. carbonic. saccharat., gr. xv.  
 Quinin. sulph., gr. viij.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times daily.

The paralyzed muscles are to be subjected to faradisation.

The following is highly recommended in stubborn cases, especially in paralyzes of the muscles of respiration:

**R 752** Strychnin. nitric., gr.  $\frac{1}{8}$  to  $\frac{3}{8}$ .  
 Aq. dest., 5 iiss.  
 S. 15 minims daily, to be injected hypodermically.

**Laryngitis Catarrhalis. Acute Catarrh of the Larynx. Pseudocroup.** As a prophylactic procedure, in children predisposed to catarrh, proper hardening of the constitution by means of cold baths and washings (vide Angina) is advisable. During the summer, the children are to be sent to the mountains, especially to those regions where there are great deposits of salt (Ischl, Reichenhall, Hallein, Aussee, etc.) and localities where the salt air may be inhaled.

During an attack of Pseudocroup, the child is to be kept awake; every few minutes warm fluids (a spoonful at a time) such as sugar-water, warm lemonade, warm marshmallow tea and linden-blossom tea are to be given. Compresses saturated



in hot water or oil or poultices of linseed are to be frequently applied to the neck. The air of the room is to be kept moist by placing vessels filled with water upon a stove or over an alcohol-lamp. When the respiration is accompanied with loud sonorous and sibillant rales and the secretion is profuse an emetic is to be administered. An attempt is to be made, however, to produce vomiting by first administering large quantities of warm liquids and irritating the pharynx with a feather or finger. If this fails, the following is to be given:

## R̄ 753

Tartar. emetic., gr.  $\frac{3}{4}$  to  $1\frac{1}{2}$ .  
 Linct. gummos.,  $\bar{3}$  iss.  
 S. A teaspoonful every 10  
 minutes. In all, 2 or 3  
 doses.

## R̄ 754

Inf. rad. Ipecacuanh.  
 (e 1:70),  $\bar{3}$  ij.  
 Syr. simpl.,  $\bar{3}$  ij.  
 S. 1 tablespoonful every 10  
 minutes until vomiting sets in.

After the cessation of an attack, the catarrh is to be treated. The child is to be kept in a room having a temperature of 68° F., and one of the following remedies is to be given internally:

R̄ 755 Inf. rad. Ipecacuanh., (e 1:70),  $\bar{3}$  ij.  
 Natr. bicarbonic., gr. vj.  
 Syr. capillor Vener.,  $\bar{3}$  ij.  
 M. S. 1 teaspoonful every 2 hours.

## R̄ 756

Sal. ammoniac. dep., gr. xv.  
 Aq. dest.,  $\bar{3}$  ij.  
 Syr. rubi Idæi,  $\bar{3}$  ss.  
 M. S. 1 teaspoonful every 2  
 hours.

## R̄ 757

Sal. ammoniac. dep., gr. viiss.  
 Extr. Can. Indic., gr.  $\frac{3}{4}$  to  $1\frac{1}{2}$   
 Eleosacch Fœnicul.,  $\bar{3}$  ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 6.  
 S. 1 powder 2 or 3 times a day.

When the cough is severe, some narcotic, similar to the following is to be prescribed:

R̄ 758 Inf. rad. Ipec. (e .15 to .2:70),  $\bar{3}$  ij.  
 Extr. Hyoscyami, gr. iss.  
 Syrupi rubi Idæi,  $\bar{3}$  iv.  
 S. 1 teaspoonful every 2 or 3 hours.



In addition, inhalations are to be administered with the inhaling apparatus of Richardson or Siegle. For these inhalations, steaming water, one-half-per-cent solution of Kal. Chloric., Natrium Chloratum, Natr. Bicarbonic., Ammon. Chlorat., Alum, and also equal parts of Aqua Calcis and water are to be employed.

When the membranes commence to disintegrate and become loose, expectorants combined with stimulating agents such as the following are to be prescribed:

## R 763

Inf. rad. Polygal. Seneg.  
(e 5 to 8:70), 3ij.  
Liqu. Ammon. anisat., gtt. xx.  
Syr. simpl., 3ij.  
M. S. 1 teaspoonful every 2  
hours.

## R 764

Inf. rad. Ipecacuah.  
(e 15:70), 3ij.  
Ether sulph., gtt. x. to xx.  
Syr. capill. Veneris., 3v.  
M. S. 1 teaspoonful every 1  
or 2 hours.

When there are profuse secretions in the respiratory tract and when the fluttering of the loose membranes is audible, an emetic is to be tried (providing of course the child is still strong). Before administering an emetic the child is to be given large quantities of warm liquids. The following emetics are usually employed:

## R 765

Tart. emetic., gr.  $\frac{3}{4}$  to  $1\frac{1}{2}$   
Linct. gummos., 3j.  
S. Half to be taken at once,  
then 1 teaspoonful every 10  
min. until vomiting sets in.

## R 766

Pulv. rad. Ipecac., gr. xv.  
Infunde cum Aq. ferv.  
q. s. ad col., 3x.  
Syr. Ipecacuah., 3  $1\frac{1}{4}$   
M. S. Like the preceding.

## R 767

Apomorphin. mur., gr.  $\frac{1}{3}$   
Aq. dest., 3iiss.  
M. S. 8 to 15 drops are to be  
given hypodermically.

Recently, Mercurial Inunctions have been tried as an abortive treatment and apparently with good results:

## R 768

Ungu. ciner.,  
Ungu. simpl., āā 3iiss.  
M. f. ungu. div. in dos. æqu.  
No. 6.  
S. Anoint child every hour  
until 3 to 6 inunctions (ac-  
cording to age of child) have  
been given.

In the commencement of the asphyctic stage or even earlier, when the last suffocative attack was so severe as to cause apprehension as to the survival of another, especially when a lasting cyanosis has made its appearance, a tracheotomy or intubation after the method of O'Dwyer, is to be performed under every circumstance (providing, of course, the croup is localized and there are no other complications).

After the tracheotomy has been performed, the wound is to be dressed with a piece of Iodoform gauze cut to fit over the canula. Over this a piece of oiled silk is to be placed. The dressing is to be changed once or twice each day and each time the wound is to be cleansed with a piece of absorbent cotton dipped into a two-per-cent solution of Carbolic Acid. Secretion collecting in the canula or the trachea may be removed with a feather (stripped with the exception of its tip). The inner canula is to be frequently removed and cleaned. In order to render the secretion liquid and to assist in its expulsion, the air of the room should be kept moist with steaming water. The various sprays or the apparatus of Siegle may be employed for this purpose. They are to be kept in constant use, the jet of vapor being directed toward the opening of the canula. The following solutions are usually employed:

# **R 769**

Aq. Calc.

Aq. dest.,                      āā    ʒ xij.

S. For inhalations.                      Or:

# **R 770**

Natr. Salicylic.                      ʒ ij.

Aq. dest.,                      ʒ xiiss.

S. For inhalations.

Expectorants are likewise to be given internally (see R 763 and 764), or:

**R 771**    Apomorphin. mur.                      g. 1/8

Aq. dest.,                      ʒ iiss.

Liqu. Ammon. anisat.,                      gtt. xx.

Syr. simpl.,                      ʒ v.

S. 1 teaspoonful every 2 hours.

The remaining treatment is to be directed toward the fever and collapse.

Not until three or four days after the operation is the outer canula to be removed for the purpose of cleansing. The perma-

nent removal of the cannula is not to take place before the tenth day. As a rule, it may be said that the cannula is not to be removed as long as the membranes are thrown off in the larynx; and that no attempt at removal should be made until it has been definitely determined whether the child has enough air when the opening of the cannula is closed either with a stopper or the finger.

**Laryngospasmus. Laryngismus Stridulus.** (Spasm of the Glottis.) During an attack, a wet towel is to be applied to the chest and water dashed on the face. If the physician is called in time he is to open the child's mouth with his fingers and draw the Epiglottis forward. After an attack, the Bromide of Potassium is to be given in large doses:

℞ 772

Kal. bromat., gr. xlv. to 3 iss.

Div. in dos. æqu. No. 6.

S. 1 powder mornings and  
evenings in milk. Or:

℞ 773

Chloral. hydrat., gr. iss. to viiss.

Aquæ fontis,

Syrupi rubi Idæi, āā 3 v.

M. S. 1 teaspoonful 3 to 4  
times daily.

Chloroform may also be administered internally:

℞ 774

Chloroform., gtt. v. to x.

Aquæ destillatæ, 3 vj.

Glycerin., 3 iss.

M. S. 1 teaspoonful every 1/2 hour until relief sets  
in, thereafter every 1 or 2 hours.

In small children, an anti-rhachitic treatment is indicated (milk from wet-nurse, Cod-liver Oil, etc.).

**Bronchitis. Catarrh of the Lungs.** In mild acute cases, in the so-called Broncho-catarrh, simple expectorants are to be prescribed. For small children, an expectorant similar to the following:

℞ 775

Mixtura. gummos., 3 iij

Syr. Ipecac., 3 iiss.

S. 1 teaspoonful every 2 hours.

In older children;

**R 776**

Inf. rad. Ipecac.(e.15:70),  $\frac{3}{4}$  ii.  
 Natr. bicarbon., gr. v.  
 Syr. capillor. Vener.,  $\frac{3}{4}$  iv.  
 M. S. 1 teaspoonful every 2  
 hours.

**R 777**

Inf. rad. Ipecac.(e.15:70),  $\frac{3}{4}$  ii.  
 Sal. ammon. dep., gr. v. to x.  
 Syr. Althææ,  $\frac{3}{4}$  iiss.  
 M. S. 1 teaspoonful every 2  
 hours.

When the cough is not severe it is not to be treated. If violent and annoying, a mild narcotic is to be prescribed. Opium and Morphium are to be given only in the most severe cases, when the cough is unendurable and all other remedies fail:

**R 778** Mixtur. oleos.,  $\frac{3}{4}$  ij.  
 Aq. Laurocer., gtt. x. to xx.  
 Syr. simpl.,  $\frac{3}{4}$  iv.  
 M. S. 1 teaspoonful every 2 hours.

Inhalations of steaming water or Oil of Turpentine are indicated in older children. When the catarrh threatens to become chronic, the diet is to be regulated, light preparations of Iron and Cod-Liver Oil prescribed and rock-salt baths administered. Relapses are to be prevented by hardening and exposing the child to the influence of the weather. During the summer, sojourns in well-watered mountain regions or the sea-shore are advisable.

In severe febrile forms of Bronchitis, the treatment in the beginning is to be purely expectative. The cough may be mitigated by prescribing R 778 or the following:

**R 779** Extr. Hyoscyam., gr. 1/3  
 Sacch. alb.,  $\frac{3}{4}$  ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

When the fever is high, Quinine is to be given. Small children are to be carried about in the arms; the position of the body is to be frequently changed. When pulmonary rales have become audible, a Priesnitz compress is to be wrapped around the thorax and the previously mentioned expectorants prescribed. When the secretion is very profuse and there is profuse dyspnoea an Apomorphin injection (R 767) or the following is to be administered:



## R 785

Kal. iodat., gr. iij. to ivss.  
 Aq. dest., 3 ij.  
 Syr. cort. aurant., 3 iv.  
 M. S. 1 teaspoonful every 2 hrs.

## R 786

Syr. Ferr. iod., 3 ss. to j.  
 Aq. dest.,  
 Syr. simpl., āā 5 v.  
 S. 1 teaspoonful 3 times daily.

When there is profuse secretion in the Brōnchi, the indicated expectorants are to be prescribed. In urgent cases, an emetic is to be given

**Pertussis. Tussis Convulsiva. Whooping - Cough.**

When possible, a city residence is to be exchanged for one in the country. If the weather is favorable, a constant out-door life is to be led. In bad weather and during the winter, it is best for the child to remain in a well-ventilated room. The food is to be as nutritious as possible and to consist principally of meat, milk, broths and soups, etc., which are to be given frequently and best immediately after an attack. Medicinally, the following are indicated:

## R 787

Pulv. rad. Bellad., gr. iss.  
 Natr. bicarbon., gr. vj.  
 Sacch. alb., 5 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder 3 times a day.

## R 788

Tinct. Belladonn., gtt. ij. to x.  
 Aq. dest., 3 ij.  
 Syr. rubi Idæi, 5 iv.  
 S. 1 teaspoonful every 2 hours.

In very severe cases the following:

## R 789

Atrop. sulph., gr. 1/70 to 1/35  
 Aq. dest., 3 ij.  
 S. 1 or 2 drops on a lump of sugar 3 or 4 times daily.

(All of these remedies are to be suspended immediately upon the appearance of Atropine intoxication.)

In the place of Belladonna, other narcotics may be employed (Morphine, however, is to be avoided.) The Bromides are prescribed most;



## R 790

Natr. Bromat., gr. xv.  
 Aq. dest.,  $\bar{3}$  ij.  
 Syr. rubi Idæi,  $\bar{3}$  iv.  
 S. 1 teaspoonful every 2  
 hours

## R 791

Ammon. Brom., gr. xv. to xlv.  
 Sacch. alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder dissolved in water  
 5 times a day.

Quinine has been used recently with excellent results; the Larynx is swabbed with a 1-per-cent solution, or it is given internally:

R 792 Quinin. mur. or sulph., gr. xv.  
 Extr. Belladonn., gr.  $\frac{3}{4}$ .  
 Natr. bicarbon.,  
 Sacch. alb., āā  $\bar{3}$  ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 4 or 5 times daily.

The following is highly recommended:

## R 793

Antipyrin., gr. xv. to lxxv.  
 Sacch. alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu  
 No. 10.  
 S. 1 powder 2 or 3 times daily.

## R 794

Resorcini, gr. iss. to viiss.  
 Inf. Chamomill.,  $\bar{3}$  ij.  
 Syr. simpl.,  $\bar{3}$  ss.  
 M. S. 1 teaspoonful every  
 2 hours. Or:

## R 795

Bromoform., ℥ ij. to vij.  
 Spir. vini rectific.,  $\bar{3}$  j.  
 Aq. dest.,  $\bar{3}$  ij.  
 Syr. simpl.,  $\bar{3}$  ss.  
 M. S. 1 teaspoonful every 2 hours.

Of great value are inhalations of Ol. Terebinthin. rectificat. or Benzine (several drops in a vessel of hot water two times a day); also, inhalations of a 1-per-cent Carbolic-Acid or Naphthalin solution (6 drams placed in a porcelain dish over an alcohol-lamp are to be volatilized 2 times daily).

Recently, swabbing the Larynx with a 5-per-cent solution of Cocaine as well as inhalations of the same have been found extremely beneficial:

**R 796**

Cocain. muriatic., gr. xxx.  
 Aq. dest.,  $\bar{3}$  3 $\frac{1}{8}$ .  
 S. For inhalations.  
 (2-per-cent Cocaine solution.)

Furthermore:

**R 797**

Resorcin. 1 ur., gr. v.  
 Aq. dest.,  $\bar{3}$  j.  
 S. For swabbing the Larynx.

Likewise, Tussol and Antispasmin as well as Antipyrin (R 793).

During the catarrhal stage, the treatment is to be the same as in Bronchitis. As an after-treatment, a sojourn in a moderately mild mountain region or, in winter, in the South is advisable.

**Atelectasia Pulmonum. Non-Inflation of the Lungs. Bronchitis Suffocativa.** The child should be placed upon the breast, or if it does not nurse well, the milk is to drawn from the breast and administered with a spoon. This may be most readily done by pouring the milk into the nose every half to one hour. Weak currents of faradic electricity are to be used to stimulate respiration. Every time that the breathing becomes shallow the faradisation is to be repeated. One electrode is placed upon the Proc. Xiphoides, the other upon the Vertebral Column. At first, the duration of each shock is to be but a few seconds, but afterward longer. Mustard-baths may likewise be given (a handful of ground mustard is tied in a piece of cloth and suspended in a bath having a temperature from 86° to 88° F., until a pungent odor is noticed). The child is placed in this bath until the skin becomes a vivid red (i. e. 2 or 3 minutes). Expectorants and stimulants are to be administered internally:

**R 798**    Liqu. Ammon. anisat.,                     $\bar{3}$  ss.  
               Aq. dest.,                                         $\bar{3}$  iiss.  
               S. 1 teaspoonful every 2 hours.

Strong Russian tea with brandy or rum should also be administered.

**Pneumonia. Inflammation of the Lungs.** Nursing children are to be constantly carried about upon the arm, the position of the body being frequently changed. They are

to be given the breast or artificial food more frequently than in health. In older children, rest in bed with a frequent change of the position of the body is advisable. The food is to consist of milk and broths until the end of the fever. To quench thirst it is best to give fresh water. When collapse sets in, wine and tea with rum are to be administered freely. Very soothing are applications of Priessnitz's wet compresses. Quinine is to be prescribed for the fever; if the pulse is very much accelerated, the following:

℞ 799 Inf. fol. Digital. purp. (e 1 to .2:70), ℥ ij.  
 Liqu. Kal. acetic., gtt. xx.  
 Syr. rub. Idæi, ℥ ss.  
 S. 1 to 2 teaspoonfuls every 2 hours.

In little children, the following is to be given for the cough:

℞ 800  
 Mixtur. oleos., ℥ ij.  
 Aq. Lauroc., gtt. x. to xv.  
 Syr. Althææ., ℥ vj.  
 S. 1 teaspoonful every 2 hours.

In older children, the following:

℞ 801  
 Mixtur. oleos., ℥ ij.  
 Tinct. Opii simpl., gtt. iv. or v.  
 Syr. rub. Idæi, ℥ ss.  
 S. 1 teaspoonful every 2 hours.

After resolution has set in, expectorants are to be prescribed (see Bronchitis):

℞ 802  
 Inf. rad. Ipecacuanh.  
 (e .15:70), ℥ ij.  
 Tinct. Quin. simpl., gtt. xv.  
 Syr. capillor. Vener., ℥ vj.  
 S. 1 teaspoonful every 2 hours.

℞ 803  
 Inf. rad. polygal. Seneg.  
 (e 5:70), ℥ ij.  
 Tinct. Ferr. pomat., gtt. xv.  
 Syr. Althææ., ℥ vj.  
 S. 1 teaspoonful every 2 hours.

After the affection has entirely disappeared, its return is to be prevented by carefully accustoming the child to the changes of the weather. Swimming is beneficial, as is also mountain air.

**Tuberculosis Pulmonum. Phthisis of the Lungs.** During the winter, a sojourn in such places as Nizza, Meran, Mentone, etc., and during the summer in healthy mountainous regions are indicated. During the summer, drinking Emser,

Gleichenberger or Giesshubler mineral waters is advisable, likewise whey, kumys, and kefir-cures. During the winter, Cod-Liver Oil is to be prescribed in doses of from 2 to 4 teaspoonfuls per day. During the early stages of Tuberculosis, creosote is much employed.

℞ 804 Creosot., gtt. iij. to v.  
Spir. Ether., gtt. x.  
Cognac., ʒ ss. to j.  
Aq. dest., ʒ iij.  
S. 1 teaspoonful 3 times per day before meals (not  
to be given if the appetite is poor). Or:

R 805	Creosot. carbonic.,	3j.	
	Mixt. gummosa.,	3 x.	
	Cognac et Syr. Cort. Aur., āā	3 v.	
	S. To be consumed in 4 days.		Or:

℞ 806 Guaiacol. carbonic., 3 ss.  
Div. in dos. No. 8.  
S. 2 or 3 powders, daily.

Nutritious food is to be prescribed, especially large quantities of roasted meats. When there is fever, moderate doses of Quinine are to be administered for a longer or shorter time:

℞ 807 Quinin. sulph., gr. xv.  
 Acid. sulph. q. s. ad sol.,  
 Aq. font.,  
 Syr. rub. Idæi, āā 3 x.  
 M. S. 1 teaspoonful 3 times daily.

After the fever has ceased, the continuous use of Iron is indicated:

R 808	Ferr. lactic.,	gr. viiiss.
	Quinin. sulph.,	gr. ivss.
	Sacch. alb.,	3j.
	M. f. pulv. div. in dos. æqu. No. 10.	
	S. 1 powder 3 times, daily.	

For the catarrh, expectorants are to be prescribed, also inhalations of turpentine (3 to 8 drops to a vessel of hot water) or solutions of cooking-salt (1 per cent).

**Pleuritis. Inflammation of the Pleura.** During the first few weeks, the treatment is to be purely expectative. Rest in bed in a room having an equable temperature is advisable, as is also a fever diet. Liquids are not to be taken too freely. Thirst may be quenched by frequently rinsing the mouth with cold water. When there is pain, Priessnitz's compresses applied not too tightly about the thorax frequently afford relief. When the fever is high, Quinine is to be prescribed, and when the pulse is very much accelerated and there are no circulatory disturbances, the following:

℞ 809 Inf. fol. Digital. purp. (e 2:70), ℥ ij.  
 Aq. Laurocer., gtt. x.  
 Syr. rub. Idæi, ℥ iiss.  
 S. 1 teaspoonful every 2 hours.

When the exudate remains stationary and the fever has disappeared, a mild, easily digested diet is to be prescribed for a longer or shorter time, and if the kidneys are healthy, a mild diuretic.

℞ 810  
 Decoct. Ononid. spinos.  
 (e 3:100), ℥ iij.  
 Liqu. Kal. acetic., gtt. x. to xv.  
 Roob. Juniperi, ℥ v.  
 S. 1 dessertspoonful every  
 2 hours.

℞ 811  
 Dec. Equiset. (e 2:100), ℥ iij.  
 Oxymell. Scill., ℥ iiss.  
 S. 1 dessertspoonful every 2  
 hours.

Or:

℞ 812  
 Diuretin., 3j.  
 Div. in dos. æqu. No. 8.  
 S. 3 to 4 powders daily.

℞ 813  
 Natr. Salicyl., ℥ ss.  
 Aqu. dest., ℥ iij.  
 Syr. simpl., ℥ iv.  
 M. S. 1 teaspoonful every  
 2 hours.

If, however, the exudate is purulent and increases in amount and the fever continues, a tonic treatment is indicated. A milk diet, nutritious meat-broths, and roasted or raw finely-chopped meat should be given freely. Moderately cold douchings of the body are frequently beneficial. As soon as the child can be moved, a sojourn in the country is advisable; later, a stay in the South.

## R 814

Quinin. sulph., gr. iij.  
 Ferr. carbon. sacch., gr. ij.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 6.  
 S. 1 powder 3 times daily.

## R 815

Quinin. sulph., gr. vj.  
 Acid. sulf. dil. q.s. ad sol.  
 Aqu. dest.  
 Syr. cort. Aur., āā 3 x.  
 Tinct. nervino-tonic.  
 Bestuscheff, gtt. x. to xx.  
 S. 1 teaspoonful every 3 hrs.

(When an intestinal disorder develops, preparations of iron are to be suspended.)

When the exudate increases very rapidly, and also when the exudate is purulent, a Thoracocentesis must be resorted to.

**Endocarditis. Inflammation of the Endocardium. Vitium Cordis. Valvular Lesions of the Heart.** As prophylactic procedures in children predisposed to Rheumatism, careful hardening and cold water therapy are advisable. In Acute Endocarditis there is to be absolute rest in bed. Compresses or Leiter's coil are to be placed over the region of the heart. If the pulse is accelerated or arhythmic, Digitalis is to be prescribed:

## R 816

Inf. fol. Digital. purp.  
 (e 1 to 2:70), 3 ij.  
 Liqu. Kal. acetic., gtt. xx.  
 Syr. rub. Idæi, 3 ss.  
 M. S. 1 teaspoonful every  
 2 hours.

## R 817

Pulv. fol. Dig. purp., gr. ivss.  
 Quinin. sulph., gr. xij.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder every 3 hours.

As soon as a diminution of the contractions of the heart becomes apparent, the Digitalis is to be suspended, and some indifferent remedy, such as the following, prescribed:

R 818 Acid. Tartaric., gr. viij.  
 Aqu. dest., 3 ij.  
 Syr. simpl., 3 ss.  
 S. 1 teaspoonful every 2 hours.

Children having valvular lesions are not to indulge in any form of vigorous exercise (swimming, mountain climbing, danc-

ing, etc.). Every form of mental excitement is to be avoided. Moderate exercise, however, in the open air is advisable. An easily-digested diet, consisting of meat, milk, eggs, etc., is to be prescribed. On the other hand, vegetables causing abdominal distension and heavy desserts are to be avoided, as are also coffee and tea. Light alcoholics in small quantities are permissible. When there is pronounced anæmia, Iron is to be administered but with great care, however. Whenever there is a compensatory disturbance, rest is indicated and *Digitalis* (R 816) or the following is to be given:

℞ 819 Tinct. Strophant. hisp., ʒ ss.  
 S. 5 to 10 drops 2 times a day.  
 (Only under the supervision of a physician.)

**Dyspepsia.** The cause, if possible, is to be ascertained and removed. In nursing children, over-feeding is one of the most frequent causes as are also old wet-nurses and a poor quality of the milk. In artificially-fed children, poor milk or unsuitable food frequently give rise to Dyspepsia. The diet should be regulated according to the cause of the affection.

At times, it is advisable to change the wet-nurse; or when children are raised upon artificial food, to substitute sterilized milk, Biedert's Mixture, or Liebig's Soup (vide Artificial Feeding). Whenever possible, however, a wet-nurse is to be procured. When Dyspepsia is due to insufficient secretion of gastric juices, as is frequently the case in children prematurely born, the following may be tried.

℞ 820 Pepsin., Germanic., gr. viiiss. to xv.  
 Sacch. lact., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 4 times daily, before nursing.

A very good preparation is the Lactated Pepsin of which 3 to 5 grains are to be given 2 or 3 times during the day.

In addition to this the following may be prescribed:

℞ 821 Acid. muriat. dil., gtt. x.  
 Aq. dest., ʒ iij.  
 Syr. simpl., ʒ iv.  
 S. 1 teaspoonful after taking the Lactated Pepsin.





If there are frequent attacks of colic, the following:

- |       |                                 |         |
|-------|---------------------------------|---------|
| ℞ 828 | Tinct. Rhei, Darell.,           | ℥ iv.   |
|       | Tinct. Nuc. vom..               | gtt. v. |
|       | Aq. dest.,                      | ℥ ij.   |
|       | Syr. simpl.,                    | ℥ iv.   |
|       | S. 1 teaspoonful 4 times a day. |         |

When there is retention of stool, mild cathartics such as the following are indicated:

- |       |                           |       |
|-------|---------------------------|-------|
| ℞ 829 | Mannit. crystall.,        | ℥ iv. |
|       | Aq. font.,                | ℥ v.  |
|       | S. Teaspoonful at a time. |       |

- |                         |       |                                     |
|-------------------------|-------|-------------------------------------|
| ℞ 830                   |       | ℞ 831                               |
| Hydromell. infant.      |       | Syr. mannat.,                       |
| (virgin honey),         | ℥ ss. | Tinct. Rhei, (aquis.),              |
| S. 1 to 2 teaspoonfuls. |       | S. 1 dessertspoonful every 2 hours. |

**Catarrhus Ventriculi. Catarrh of the Stomach.** (In older children.) In acute cases, the diet is to be restricted. Meat broths, Russian tea with milk and a little rum are to be given; when there is fever, Quinine in small doses.

- |       |                                 |                   |
|-------|---------------------------------|-------------------|
| ℞ 832 | Quinin. sulph.,                 | gr. iij. to ivss. |
|       | Acid. sulph., dil.,             | gtt. iij.         |
|       | Aq. dest.,                      |                   |
|       | Syr. cort. Aur.                 | āā 5 x.           |
|       | S. 1 teaspoonful every 2 hours. |                   |

When there is constipation, the following:

- |       |   |          |
|-------|---|----------|
| ℞ 833 | Aq. laxat. Vienn.,  | ℥ iss.   |
|       | Aq. Cerasor. nigror.,                                       |          |
|       | Syr. rubi Idæi,   | āā 3 ss. |
|       | S. 1 dessertspoonful every 2 hours until stool is produced. |          |

After the cessation of fever, albumenoid food is to be given (rare roast-beef will be found best) also Claret, Iron, and Quinine.

When the appetite is impaired, some bitter agent such as the following is advisable:

℞ 834 Tinct. Cascarill., gtt. xx.  
 Tinct. nervino-tonic. Bestusdheffi, gtt. xv.  
 Aq. dest., ℥ ij.  
 Syr. rub. Idæi, ℥ ss.  
 M. S. 1 dessertspoonful every 3 hours.

In Chronic Gastric Catarrh, a rigid diet is to be prescribed (chopped meat, freed from fat, or rare roast-beef, meat broths, and Russian tea with milk).

℞ 835 Tinct. Rhei Darell., ℥ j.  
 S. 1 teaspoonful 2 times daily.

Mineral waters such as Karlsbad, Mälbrunnen, or Schlossbrunnen (mornings  $\frac{1}{2}$  to 1 tumblerful), Giesshubler, Rohitscher, etc., may be highly recommended. If there is pronounced anæmia, chalybeate waters such as Spaa, Franzensbad, Pyrawart, etc., are to be given (1 to 2 tablespoonfuls are to be taken at first; this quantity is to be gradually increased).

**Enterocatarrhus. Catarrh of the Small Intestines.** Whenever possible the cause is to be ascertained and removed. Children, artificially fed, will require wet-nurses. If this is not practicable, the strictest dietetic regulations are to be observed. Milk, veal broths, and sterilized milk or Liebig's Soup may be given. The wet-nurse of a child is only to be changed when it is absolutely necessary. For the thirst, soda-water cooled with ice is to be taken, a teaspoonful at a time; the mouth is to be frequently rinsed with water. In older children, the food must be restricted in quantity and quality. During the commencement of the affection, it is best to give nothing but broths or demulcent soups; later, raw or half-roasted meats. Fat, butter, and vegetables are to be avoided. Spring-water should be drunk. If this, however, is not to be had, Russian tea is to be given in its place. In Chronic cases, in addition to the foregoing, light claret may be prescribed; and in the more severe cases, Port Wine or Malaga. The principal medicament is to be Opium; in small children, it must be cautiously administered:

## R 836

Tinct. Cascarill. (or Tinct.  
Ratanhiæ), gtt. xx.  
Aq. dest.,  $\bar{3}$  ij.  
Tinct. Opii simpl., gtt. j. to ij.  
Syr. simpl.,  $\bar{3}$  ss.  
S. 1 teaspoonful every 2 hrs.

## R 838

Tinct. Cascar.  
(or Ratannh.), gtt. xx.  
Tinct. Opii spl., gtt. j.  
Sacch. lact.,  $\bar{3}$  iiss.  
Stent usque ad perfect. evapo-  
rat. spir. vin.  
S. From 3 to 5 grains every  
2 hours.

## R 840

Acid. Tannic., gr. ivss.  
Sacch. alb.,  $\bar{3}$  ss.  
M. f. pulv. div. in dos. æqu.  
No. 6.  
S. 3 or 4 powders daily.

## R 837

Pulv. Paullin. sorbil., gr. xv.  
Pulv. Dover., gr. iss. to iij.  
Sacch. alb.,  $\bar{3}$  ss.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder every 2 to 3 hrs.

## R 839

Quinin. Tannic., gr. ivss.  
Pulv. Dover., gr. iij.  
Sacch. alb.,  $\bar{3}$  ss.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder every 2 hours.

## R 841

Plumb. acet., gr. ivss. to viiss.  
Elæosacch. Fœnic., gr. xxiv.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 3 powders per day.

If, in consequence of long existing Catarrh, there is Anæmia, the following is to be given:

R 842 Pulv. Dover., gr. iss. to iij.  
Ferr. carb. saccharat., gr. iij.  
Elæos. Fœnicul.,  $\bar{3}$  ss.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. 1 powder every 3 hours.

In older children, the following may also be prescribed:

R 843 Decoct. rad. Colombo (5:80),  $\bar{3}$  iiss.  
Tinct. Opii simpl., gtt. ij. to iv.  
Syr. cor. Aurant.,  $\bar{3}$  iiss.  
S. 1 dessertspoonful every 2 hours.

**R 844**

Decoct. lign. Campechian.  
 (e 10:100),                     $\text{℥}$  ij.  
 Natr. Salicylic.,                gr. xv.  
 Tinct. Opii simpl., gtt. iv. to vi.  
 Syr. rub. Idæi,                 $\text{℥}$  ss.  
 M. S. 1 dessertspoonful  
 every 2 hours.

During collapse, Russian tea with rum, claret, brandy, etc., are to be administered.

**R 846**

Ether acetic.,  
 Liqu. Ammon. anisat.,      āā    $\text{℥}$  ss.  
 S. Every  $\frac{1}{4}$  to  $\frac{1}{2}$  hour, 5 drops are to be given on a  
 lump of sugar.

For Colic, see Colica Flatulenta, below.

In Catarrh of the small intestines, in older children, running an exceedingly chronic course, Carlsbader Muehlbrunn is to be given in the morning in doses of from 1 to 2 wineglasses.

**Enteralgia. Colica Flatulenta. Wind - Colic.** If a physician is present at the time of an attack, the rubber tube of an irrigator is to be introduced into the rectum. After the passage of the gas and fecal matter, the abdomen is to be massaged, after which the tube is to be again inserted. The following may be used in massaging:

**R 847**

Ungu. aromatic.,                     $\text{℥}$  j.  
 S. As a salve.

Baths, to which Chamomile has been added, also act quite favorably. The child is sponged and dried in the same. Afterward, hot compresses are applied about the abdomen.

Internally:

**R 848**

Ol. Chamomill. (or Fœniculi), gtt. j. to ij.  
 Tinct. Opii spl.,                    gtt. j.  
 Sacch. lact.,                         $\text{℥}$  ij.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

**R 845**

Bismuth. subnitric.,      gr. xv.  
 Pulv. Dover.,      gr. iss. to ivss.  
 Sacch. alb.,                 $\text{℥}$  ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder every 3 hours.

The further treatment is to be directed toward the causative factors. In Coprostasis, cathartics are indicated; in Ulcerations, opiates; in Worms, anthelmintics. In Hysterical Colic, stimulants are to be administered; or the following:

℞ 849 Extr. Belladonn., gr. j.  
 Aq. Cerasor. nigror., 3 j. to ij.  
 S. 10 to 20 drops every 4 hours.

**Cholera Nostras. Cholera Infantum.** Prophylactic precautions are always advisable. The child is not to be weaned during the height of summer. During the hot spells of the year, one to two cold baths or spongings are to be given each day.

When Cholera Infantum is present in a nursing-child, the breast is to be given at regular intervals, or a wet-nurse is to be employed or changed as may be indicated. When children are attacked at the time of weaning, they should be placed upon the breast. Infants, artificially fed, are likewise to be given the breast. If this is not possible, the child is not to receive nutriment during the first 12 hours of the attack with the exception, perhaps, of some stimulating agent such as Russian tea (cold) or brandy and water (1 to 2 parts of brandy in 10 to 20 parts of water). After the lapse of this time, Liebig's Malted-Milk Soup is to be administered or cows' milk is to be given; but only when it can be obtained from a very healthy source, and then it is best when sterilized. It is to be diluted with equal parts of water. Demme's Mixture (see index) may also be highly recommended.

In other respects, the treatment is to be (*a*) anti-mycotic, (*b*) anti-diarrhœic, and (*c*) tonic.

As regards (*a*) Trousseau's treatment with Calomel is often followed with excellent results.

℞ 850 Calomelan. lævigat., gr. iss.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 to 3 hours until (after 1 or 2 days) the stools become yellow.

Or the following may be prescribed:

℞ 851	Natr. Benzoic.,	gr. xlv.
	Aqu. Font.,	℥ ij.
	Syr. simpl.,	℥ ij.
	S.	1 teaspoonful every 2 hours.

As regards (b). Opium is to be administered only when there are frequent stools following each other in rapid succession or after the Calomel treatment, when diarrhœa still continues indicating a catarrhal condition. In this case, one or two drops of the Tincture of Opium are to be added to the preceding prescription (℞ 851) or one of the following astringents is to be combined with Opium. Whenever the child becomes sleepy or when the first symptoms of collapse make their appearance, the Opium is to be suspended at once. Furthermore, astringents are to be given for the diarrhœa; they are especially indicated during the stage of convalescence.

℞ 852		℞ 853	
Bismuth. subnitric.,	gr. xv.	Quinin. Tannic.,	gr. ivss.
(Opii pur.,	gr. ss.)	(Pulv. Dover.,	gr. ij. to ivss.)
Sacch. alb.,	℥ ss.	Sacch. alb.,	℥ ss.
M. f. pulv. div. in dos. æqu.		M. f. pulv. div. in dos. æqu.	
No. 10.		No. 10.	
S. 1 powder every 2 hours.		S. 1 powder every 2 hours.	

As regards (c). The administration of stimulants is frequently the most important thing in the treatment of Cholera Infantum. Russian tea, brandy, and heavy wines are to be given; also champagne, cooled with ice. Mustard baths, likewise, are indicated. They are to be repeated every 2 to 4 hours until the symptoms disappear (in reference to Mustard Baths, see Atelectasia Pulmonum). Internally the following:

℞ 854	Ether. sulf.,	gtt. vj. to x.
	Mixtur. gummos.,	℥ ij.
	Syrupi rubi Idæi,	℥ iv.
	M. S.	1 teaspoonful every 2 hours.

R 855

Camph. ras., gr.  $\frac{3}{4}$  to iss.  
 Solve c. paux. spir. vin. rect. ad.  
 Mixtur. gummos.,  $\bar{3}$  ij.  
 Syr. cort. Aurant.,  $\bar{3}$  vj.  
 M. S. 1 teaspoonful every 2  
 hours.

R 856

Liqu. Ammoni ammisat.,  $\bar{3}$  j.  
 Aqu. Cinnamom.,  
 Aqu. dest.,  $\bar{a}\bar{a}$   $\bar{3}$  v.  
 M. S. 20 drops on a lump of  
 sugar every 2 hours.

R 857

Mosch. Oriental., gr. iss. to ivss.  
 Sacch. alb.,  $\bar{5}$  ss  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

In Sclerom, transfusions of a physiological solution of salt, or the following may be necessary:

R 858

Natr. carb.,  $\bar{3}$  j.  
 Natr. chlor. gr. xlv.  
 Aqu. dest.,  $\bar{3}$  xxxij.  
 S. From  $2\frac{1}{2}$  to 5 drams are to be injected at a time;  
 in all, from  $1\frac{1}{2}$  to 3 ounces.

### Enteritis Follicularis. Catarrh of the Large Intestines.

Treatment is usually commenced when there are scanty and bloody stools, excessive tenesmus, and increased peristaltic action resulting therefrom. To relieve these conditions, high irrigations with warm water or the following are administered:

R 859

Acid. salicylic.,  $\bar{3}$  iij.  
 Natr. bicarbon.,  $\bar{3}$  iiss.  
 M. f. pulv. div. in dos. æqu. No. 4.  
 S. 1 powder added to a quart of warm water is to  
 be given in the form of an enema.

For tenesmus, the following may be employed:

R 860

Decoct. Salep.,  $\bar{3}$  v.  
 Tinct. Opii simpl., gtt. v.  
 S. Enough for 2 enemata.

(Starch may be also added to the preceeding enemata.)

When it is impossible to administer the enemata, cathartics are to be given in their place:

### R 861

Pulv. rad. Rhei.,  
Magnes. carbonic.,  
Sacch. alb.,           āā gr. xv.  
M. f. pulv. div. in dos. æqu.  
No. 3.  
S. 1 powder every 2 hours  
until intestines are unloaded.

In older children, the following is advisable:

### R 862

Pulv. rad. Rhei.,  
Magnes. carbonic.,  
Sacch. alb.,           āā 3 iiss.  
M. f. pulv. da ad scatul.  
S.  $\frac{1}{2}$  teaspoonful every 2 hrs.

After the production of catharsis, the most important thing is the regulation of the diet. To infants, from 3 to 5 month of age, good breast-milk is to be given; and to children who have previously been fed with artificial foods, in addition, well-salted beef or veal broths; to infants over 8 months of age, Liebig's Soup, Læfflund's Malt-Extract or cacao ( $\frac{1}{2}$  to 1 teaspoonful of the powdered bean to a pint of milk). To rachitic children, Eichel Caffee may also be given. When preparations of milk are not well borne, Meat Peptone (a piece the size of a bean to a coffee-cup of water) or beef-tea may be substituted ( $\frac{1}{2}$  pound of lean meat cut into small pieces and a cup of water to which a little salt has been added, are placed in a small flask and allowed to cook for several hours in a hot-water bath). As a beverage, especially for older children, red wines (Voslauer, Ofener, or Bordeaux) or a little warmed Malaga (for nursing children, from 1 to 10 drops per day, for older children 20 drops to half a teaspoonful) may be prescribed. Children, who have diarrhoea by reason of being weaned, should be given the breast again. Medicinally, astringents and Opium are to be prescribed for the diarrhoea (see Enterocatarrihus).

### R 863

Quinin. Tannic.,           gr. ivss.  
Extr. Opii (aquos.)       gr. ss.  
Sacch. alb.,               3 j.  
M. f. pulv. div. in dos. æqu.  
No. 10.  
S. 1 powder every 2 hours.

### R 864

Quinin. Tannic., gr. xv. to xxiv.  
Tinct. Opii simpl., gtt. j. to ij.  
Aqu. dest.,  
Syr. rub. Idæi,           āā 3 x.  
M. S. 1 teaspoonful every 2  
hours. To be well shaken.



R 865

Pulv. Paullin. sorbil., gr. x.  
 Pulv. Dover., gr. j.  
 Sacch. alb., 5 j.  
 M. f. pulv. div. in dos. æqu.  
 No. 8.  
 S. 1 powder every 2 hours.

R 866

Decoct. rad. Colomb.  
 (5 to 10:100), 3 iij.  
 Tinct. Opii simpl., gtt. j. to iv.  
 Syr. cort. Aurant., 5 vj.  
 M. S. 1 or 2 teaspoonfuls  
 every 2 hours.

When their are bloody stools:

R 867    Liqu. Ferr. sesquichlorat., gtt. x. to xij.  
           Tinct. Opii simpl., gtt. j. to iv.  
           Aqu. dest.,  
           Aqu. Cinnamom., āā 5 x.  
           Syr. simpl., 5 v.  
           M. S. 1 teaspoonful every 2 hours.

For excessive diarrhœa and especially for severe tenesmus, ice-water enemata are to be employed.

When there is constipation after the Enteritis has ceased, the following:

R 868    Tinct. Rhei, Darell., 3 vj.  
           S. 1 teaspoonful morning and evening.

After convalescence, sojourns in the country, hydro-therapy, and Priessnitz's compresses are advisable.

**Tænia. Tape-Worm.** The following procedure is very effective. The day before treatment but little nourishment is to be taken. This is to consist principally of salty foods (salt-herring, ham, sardine-butter). In the evening, a strong cathartic such as Aqua Laxat., is to be taken. The next morning the following:

R 869    Extr. Filic. mar. ether., 3 ss.  
           S. From 3 to 4 scruples in a wafer are to be given  
           two or three times.

With the last dose, a brisk cathartic is to be given (no Castor Oil). Peppermint lozenges are to be given to prevent vomiting.

Or the following vermifuge:

- ℞ 870 Kamalæ, 3 ss.  
 Extr. Filict. mar. æth., 3 ij.  
 Fiat cum syr. cort. Aurant. et pulv. gummos. l. a.  
 electuarium.  
 S. Vermifuge.

Of the latter remedy, half is to be taken early in the morning after which the child is to be allowed to sleep for several hours. The balance is to be given in 1 or 2 hours and a cathartic one hour thereafter.

Another favorite tape-worm remedy is the following:

- ℞ 871 Cort. Punic. Granat. rec., 3 x.  
 Macera cum Aq. font., 3 xij. per 24 horas,  
 dein coque ad rem., 3 vj.  
 S. The whole is to be taken in the morning in 3 portions at intervals of an hour between each.

### Oxyuris Vermicularis. Maw-Worm.

- ℞ 872 Asæfœtidæ, 3 iiss.  
 Vitell. ovi unius.  
 Decoct. Salep., 3 ij.  
 S. Enough for 2 enemata.

Or enemata of a decoction of Garlic may be administered. The Anal-Region is to be annointed with Blue Ointment.

### Ascaris Lumbricoides. Thread-Worm.

- ℞ 873 Santonin, gr. iij.  
 Ol. Ricin., 3 ij.  
 S. 1 teaspoonful every 2 hours until several stools follow.

Or: Santonin with Calomel, or 1/2 teaspoanful of sugared Wormseed (Santonica) is to be given for six successive days and on the seventh a cathartic.

**Peritonitis. Inflammation of the Peritoneum.** In case of an acute attack (rare) moist warm compresses or Leiter's coil are to be placed upon the abdomen. Internally the following:

- ℞ 874 Extr. Opii, gr.  $\frac{3}{4}$  to iss.  
 Sacch. alb., 3 ss.  
 M. f pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 2 or 3 times a day.

Moderate doses of Quinine are to be prescribed for the fever and stimulants for collapse. Tea with rum may be given, also, a few drops at a time of the heavy wines (Port wine, Malaga); likewise, Liqu. Ammoni anisatus. Great care is to be observed on the return to solid food. A prolonged rest in bed is advisable.

In Chronic Tubercular Peritonitis, special attention is to be paid to the nourishment, raw meat being given in large quantities. When there is diarrhœa, milk is to be avoided. Iron and Quinine are indicated. The following is to be prescribed when there is constipation:

- ℞ 875 Pulv. rad. Rhei.,  
 Magnes. ust.,  
 Sacch. lact., āā 3 v.  
 M. f. pulv. da ad scatul.  
 S. From 3 to 5 grains are to be taken in a glass of water morning and evening.

For Diarrhœa:

- ℞ 876 Quinin. Tannic. gr. viiss. to xv.  
 Pulv. Doveri, gr. ivss. to viiss.  
 Sacch. alb., 5 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times a day.

Or: Tannigen (first dose,  $7\frac{1}{2}$  grains; thereafter,  $3\frac{1}{2}$  grains 2 or 3 times per day).

**Icterus Catarrhalis. Jaundice. Catarrh of the Billiary Ducts.** A rigid diet is to be prescribed. This is to consist principally of meat and eggs (milk is to be avoided). Karisbader Muhlbrunnen water or the following may be highly recommended:

**R 877**

Tinct. Rhei. (aquos.)      ʒ ss.  
 Aqu. dest.,                    ʒ ij.  
 Syr. Simpl.,                  ʒ iv.  
 S. A dessertspoonful every 2  
       hours.                      Or:

**R 878**

Pulv. rad. Rhei chin.,      ʒ ss.  
 Magnes. carbon.,           ʒ j.  
 Sacch. alb.,                  ʒ ij.  
 M. f. pulv.  
 S. 3 to 5 grains every 2 hrs.

When the Jaundice becomes less, such mineral waters as Biliner, Giesshubler, Preblauer, etc., are to be prescribed. If constipation still persists, 1 or 2 glasses of Bitter-water are to be taken.

**Blennorrhœa Umbilici. Umbilical Blennorrhœa.** The secretion about the navel is to be carefully removed and the navel carefully cleansed, after which compresses saturated with Aqu. Goulardi or the following are to be applied:

**R 879**    Zinc. sulphuric.,                      gr. xv.  
           Aquæ fontis,                         ʒ iij.  
           To be applied externally.

**Sarcomphalus. Hard Tumor of the Navel.** The navel may be lightly cauterized with Nitrate of Silver. When the excrescences are large, it is best to ligate the pedicles with a strong silk ligature.

**Omphalitis. Inflammation of the Navel. Gangrena Umbilici. Gangrene of the Navel.** A tonic treatment is indicated. If possible, the child is to be fed upon the breast of a wet-nurse having a good supply of milk and long nipples which can be easily grasped. The navel is to be kept thoroughly cleansed; all crusts are to be removed, and one of the following remedies applied:

**R 880**    Alumin. crud.,                              ʒ ss.  
           Aquæ destillatæ,                    ʒ iij.  
           S. To be sprinkled on compresses.

Internally:

- ℞ 881 Quinin. sulfur., gr. iss. to iiss.  
 Acid. sulfuric., q. s. ad solut.  
 Aquæ destillitæ, ℥ ij.  
 Syr. simpl., ℥ iiss.  
 S. 1 teaspoonful every 2 hours.

When collapse sets in, a few drops at a time of black coffee or Malaga wine are to be given.

If gangrene develops, the treatment previously mentioned is to be continued until a line of demarcation is established, after which the gangrenous area is to be destroyed and Iodoform gauze applied upon the wound.

- ℞ 882 Camphor. trit., ℥ ss.  
 Spir. vin. q. s. ad sol.,  
 Mucilag. gumm. Arabic. ℥ v.  
 S. Balls of lint are to be dipped in this solution and applied to the wound every 2 hours.

### Nephritis Acuta. Acute Inflammation of the Kidneys.

The nourishment is to consist principally of milk; absolute rest in bed is to be observed and Leiter's coil is to be placed over the lumbar region. If the urine is scanty and bloody, an infusion of Digitalis is to be administered. When Œdema sets in or is present, warm baths at a temperature of from 95 to 97° F. and of 10 minutes duration are to be given. Immediately after taking the same, the body is to be enveloped in woolen blankets. Internally:

- ℞ 883 Acid. Tannic., gr. viiss.  
 Sacch. alb., ℥ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times a day.

When the urine is bloody, the following:

- |   |   |
|---|---|
| <p>℞ 884<br/>         Ergotin. Bombellon., gtt. x.<br/>         Aquæ fontis, ℥ iiss.<br/>         Syr. cort. Aurant., ℥ ss.<br/>         S. 1 teaspoonful every hour.</p> | <p>℞ 885<br/>         Liqu. Ferr. sesquichlorat.,<br/>         gtt. v. to x.<br/>         Aqu. Connamon., ℥ ij.<br/>         Syr. rub. Idæi. ℥ ss.<br/>         S. 1 teaspoonful every 2 hrs.</p> |
|---|---|
- Or:

If the disease threatens to become chronic, mild diuretics are to be prescribed:

**R 886**

Liqu. Kal. acetic., ʒj. to ʒ ss.  
 Aq. font., ʒ iiij.  
 Syr. rub. Idæi, ʒ vi.  
 M. S. 1 dessertspoonful every  
 2 hours.

**R 887**

Decoct. Ononidis spinos.  
 (Equiset; e 2:100) ʒ iiij.  
 Cremor. Tartari, ʒ iiss.  
 Syr. Juniperi, ʒ ss.  
 M. S. 1 dessertspoonful every  
 2 hours.

During attacks of uremia, Chloral Hydrate is to be given in the form of enemata as long as the children are unable to swallow:

**R 888** Chloral hydrat., gr. xv.  
 Mucil. gumm. Arab., ʒ v.  
 Aq. dest., ʒ iiss.  
 S. Enough for 2 enemata.

Later, when the child is able to swallow, a strong cathartic is to be prescribed:

**R 889** Aq. laxativ. Viennens., ʒ iss.  
 Aq. Cerasor. nigror.,  
 Syr. rub. Idæi, āā ʒj.  
 M. S. To be taken in 2 doses.

Enemata are to be administered simultaneously. All further treatment is to be expectative. Milk (very much diluted) lemonade, and Selters water are to be the principal drinks. If the pulse is arhythmical, the following is to be administered:

**R 890** Inf. fol. Digital. (e .15 to .2:100), ʒ iiij.  
 Syr. rub. Idæi, ʒ v.  
 M. S. 1 teaspoonful every 2 hours.

The baths previously mentioned are likewise indicated.

**Nephritis Chronica. Morbus Brightii Chronicus. Chronic Inflammation of the Kidneys. Bright's Disease.** An easily assimilated non-irritating meat-and-milk diet is to be prescribed. Great care is to be taken to avoid the contraction of colds. The mineral waters from Karlsbad (Mühl- or

Schlossbrunn, 1 to 2 tablespoonfuls during the day) may be given to great advantage; also protracted lukewarm baths at a temperature of 91° F.

**Spasmus Vesicæ.** Spasm of the Bladder. The outer genital organs are to be kept thoroughly cleansed. Warm, moist compresses are to be placed over the region of the bladder:

## R. 891

Tinct. Opii spl.,      gtt. j. to iv.  
Aq. dest.,                ℥ iij.  
Syr. simpl.,             ℥ iiss.  
S. 1 teaspoonful every 2  
hours.                   Or;

## R 892

Tinct. Opii spl.,      gtt. j. to ij.  
Aq. dest.,                      ʒ iij.  
S. 3 or 4 tablespoonfuls are  
to be given in an enema.

**Enuresis Nocturna.** Incontinence of Urine. Not much nourishment or water is to be taken at night. The children must not lie upon their back. After having slept two or three hours they are to be awakened and instructed to urinate. Bathing the whole body with cold water is beneficial, as is also faradisation of the bladder.

R<sub>x</sub> 893

Extr. Bellad., gr.  $\frac{3}{4}$  to 1½.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder 3 or 4 times  
 daily. Or:

## R. 894

Atropin. sulph.  
                (.01 gram), gr. 1/7.  
Aq. dest.,                 5 iiss.  
S. 2 times per day; twice as  
many drops are to be taken  
as the child is old in years.

In some cases the following is quite efficacious:

R<sub>x</sub> 895

Ergotin. bis dep.,	gr. xv.
Aq. dest.,	℥ ij.
Syr. rub. Idæi,	℥ vj.
S. 1 teaspoonful every 2 hours.	

**Blenorrhœa Vulvæ. Fluor Albus. Leucorrhœa.** Treatment is to be directed toward any possible causative affection (Eczema, Traumata). A rigid examination is to be made,

especially for Oxyuris; also inquiries about masturbation. If Anæmia or Scrophulosis are the cause of the same, a suitable constitutional treatment is to be prescribed. In older children, first of all, the following:

℞ 896 Ferr. sulph. cryst.,  
Kal. carb (e Tart.)           āā    ̄ ̄ iiss.  
Extr. Gent., qu. s.  
Forment. c. Balsam. de Tolu pil. No. 200.  
S. 2 or 3 pills per day.

Cold baths and sitz-baths, to which an infusion of oak bark has been added are advisable. The genitalia are to be kept scrupulously clean. Injections of mild astringents are to be given, after which tampons of absorbent cotton are to be introduced.

℞ 897		℞ 898	
Alum. crud.,	̄ iiss.	Acid. Thymic.,	gr. viiss.
Aq. font.,	̄ ix.	Aq. font.,	̄ xv.
S. For injections.		S. For injections	(1/1000
		Thymol solution).	

℞ 899	Creolin.,	gtt. x.
	Aq. font.,	̄ xv.
	S. For injections.	

Or 2-per-cent solution of Sulphate of Zinc, Zinc Sulpho-carbolic., or Acid. Carbolic., etc.

**Chorea Minor. St. Vitus Dance.** Those forms which develop at one time with Articular Rheumatism and at another with Endo- and Peri-carditis are best treated with the Salicylates. When Anæmia is present, it is to be treated with Iron, Quinine, and the administration of a nutritious diet. For the affection itself, injections of Solut. Fowleri are to be given in the skin, previously cleansed with a 1/10-per-cent solution of Thymol:

℞ 900 Solut. Arsenical. Fowleri,  
Aq. dest.,                   āā    ̄ ̄ iiss.  
S. For hypodermic injections.

(Best in Bernatzik's sterilized vials.) Or:



- ℞ 901 Sol. Arsenic. Fowleri, 3 iiss.  
 Glycerin.,  
 Aq. dest., āā 3 1¼.  
 S. For an injection.

(Of these two solutions, which are to be filtered each time 2 or 3 times before using, one division of a hypodermic syringe is to be injected upon the first day. This dose is to be increased by one division each day until a whole hypodermic-syringeful is injected; after which the dose is to be reduced in the same way.)

If the injections are not well borne, it is best to administer the remedy internally:

- ℞ 902 Solut. Arsenic. Fowleri,  
 Tinct. Absynthii (or amar), āā 3 iiss.  
 S. From 5 drops on the first day, the dose is to be gradually increased to 15 drops per day; after this it is to be reduced in the same way.

When there is also Anæmia,  
 the following is better:

- ℞ 903  
 Solut. Arsenic. Fowleri,  
 Tinct. Ferr. pomat.,  
 Tinct. Abs. comp., āā 3 iiss.  
 S. To be given like the preceding.

Or:

- ℞ 905  
 Kal. bromat., gr. xlv.  
 Aq. dest., 3 ij.  
 Syr. cort. Aurant., 3 iv.  
 S. 1 dessertspoonful every 2 hours.

In mild cases:

- ℞ 904  
 Zinc. valerianic., gr. iij. to viiss.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder 2 or 3 times daily.

Sometimes the following is effective:

- ℞ 906  
 Kali Iodat., gr. xv. to xxx.  
 Aq. dest., 3 ij.  
 Syr. simpl., 3 iiss.  
 S. 1 teaspoonful every 2 hours.

Galvanization of the Sympathetic with moderately strong currents is often beneficial. In severe cases, Chloral is to be administered in doses corresponding with the age of the child until drowsiness is produced. Cool compresses may be useful.

**Poliomyelitis Anterior Acuta. Infantile Spinal Paralysis.** In the beginning of the affection, cold applications are to be made to the Spine and mild cathartics administered. Galvanization of the Spinal Cord, and later faradisation of the paralyzed muscles, as well as the administration of nutritious food, and bathing the body with cold water followed by friction are indicated.

**Tetanus (Trismus) Neonatorum. Lockjaw of Recent-Born Infants.** The room is to be kept cool and equable. Nourishment is to be given during the intervals between attacks (every 2 hours), the food being poured into the nostrils with a spoon. Medicine mixed with milk may be given in the same way.

℞ 907 Chloral. Hydrat., gr. iv.  
 Sacch. alb., gr. xv.  
 M. f. pulv. div. in dos. æqu. No. 5.  
 1 powder every 2 hours until sleep sets in.

The following has also been recently recommended:

℞ 908 Extr. Fab. Calabar., gr. iss.  
 Sacch. alb., gr. xv.  
 M. f. pulv. div. in dos. æqu. No. 5.  
 S. 1 powder in milk every 4 hours.

**Convulsiones. Convulsions. Spasms. Cramps.** The cause is to be ascertained and removed, if possible. In the so-called Eclampsia Neonatorum, ice- or ice-water-compresses are to be applied to the head and changed every 2 or 3 minutes. Tight garments are to be removed. If the abdomen is distended, gentle massage is advisable. The Carotid artery may be compressed, but great care is to be exercised, and the compression is to last but a few minutes. The room is to be kept well aired.

For the convulsions, that make their appearance in the commencement of an acute disease, ice-compresses are likewise to be employed, or the head may be douched, or the following administered:

- ℞ 909 Chloral. hydrat., gr. viiss. to xxij.  
 Mucil. gumm. Arab., ʒ v.  
 Aq. dest., ʒ iiss.  
 S. Enough for 2 enemata.

When constipation is present, the following is to be prescribed:

- ℞ 910 Calomelan. lævigat., gr. iss.  
 Sacch. alb., ʒ ss.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 powder 3 times daily.

In rhachitic and hydro-cephalic children, in addition to the anti-rhachitic treatment, the following is indicated:

- ℞ 911 Kal. bromat., gr. xlv. to lxxv.  
 Div. in dos. æqu. No. 10.  
 S. 1 powder in sugar-water morning and evening.

The same remedy is to be prescribed for Epilepsy occurring during infancy. In older children, correspondingly larger doses are to be given.

**Chorea Major. Hysteria. (Der Grosse Veitstanz.)**  
 The principal treatment is psychic. The child should be kept employed with light work; attendance at school is not advisable; moderate exercise out of doors and gymnastics indoors are indicated; as are also protracted tepid baths (85 to 87° F. of an hour's duration) followed by a rest of several hours. At the same time, a nutritious diet is to be prescribed; stimulating beverages are permissible. The following should be tried in anæmic children:

- ℞ 912 Tinct. Ferr. pomat., ʒ ss.  
 Solut. Arsenic. Fowleri, gtt. iij. to vj.  
 Aq. Cinnamom., ʒ viiss.  
 S. 1 teaspoonful morning and evening.

The following is sometimes useful to delay the attacks:

- ℞ 913 Quinin. sulphuric., ʒ ss.  
 Sacch. alb., ʒ j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 2 or 3 times daily. Or:



Recently, the following has been employed, and has proven an excellent remedy:

- |       |                       |            |
|-------|-----------------------|------------|
| ℞ 918 | Zinc. Oxydat.,        | gr. viiss. |
|       | Lanolin.,             | ℥ v.       |
|       | S. As a salve.        |            |
| ℞ 919 | Bismuth. sub nitric., | gr. iss.   |
|       | Lanolin.,             | ℥ v.       |
|       | S. As a salve.        |            |

Instead of the Diachylon Salve, the following may be employed in the same way:

- |       |                      |            |
|-------|----------------------|------------|
| ℞ 920 | Empl. Plumb. simpl., | ℥ v.       |
|       | Ol. Olivar.,         |            |
|       | Lanolin.,            | āā ℥ iiss. |
|       | S. As a salve.       | Or:        |

- |   |           |                   |          |
|---|-----------|-------------------|----------|
| ℞ 921   |           | ℞ 922             |          |
| Acid. Salicyl.,   | gr. xv.   | Acid. Salicyl.,   | gr. xvj. |
| Empl. saponat.,   |           | Lanolin. anhydr., | ℥ iij.   |
| Vaselin.,   | āā ℥ xij. | Cetacei,          | ℥ iiss.  |
| S. To be spread upon a piece of linen and then applied. |           | S. As a salve.    |          |

In Eczema Inter-trigo, it is best to apply the following:

- |       |  |           |
|-------|--|-----------|
| ℞ 923 | Aqu. Calc.,                                  |           |
|       | Ol. Olivar.,                                 | āā ℥ iss. |
|       | S. Saturate a piece of linen and then apply. |           |

Ichthyol has been recently employed with excellent results:

- |       |  |           |
|-------|--|-----------|
| ℞ 924 | Ammon. sulfo-ichthyol.,  | gr. xv.   |
|       | Ungu. simpl.,  | ℥ iij.    |
|       | S. As a salve. To be applied thickly and then sprinkled with powder. | Or:       |
| ℞ 925 | Ammon. sulfo-ichthyol.,  | gr. lxxv. |
|       | Zinci. Oxydat.,  | ℥ iiss.   |
|       | Empl. Diachyl. comp.,  |           |
|       | Lanolin. puri,   | āā ℥ iss. |
|       | S. As a plaster,   |           |



Recently the following has been employed:

℞ 932	Napthol,	℥ iij.
	Sapon. virid.,	℥ x.
	Ungu. simpl.,	℥ iiss.
	S. To be used like the preceding.	

**Morbilli. Measles.** The treatment is purely expectative. The room is to be kept sufficiently aired and somewhat darkened on account of the accompanying Conjunctivitis. Priessnitz's compresses are to be applied around the neck. Any complications that may develop are to be treated according to the indications. After the disappearance of all catarrhal symptoms, warm baths are advisable.

**Scarlatina. Scarlet Fever.** As long as there is fever, as little food as possible is to be taken. The nourishment is to consist, principally, of beef broths and milk. Meat is not to be given until desquamation is ended. The urine is to be examined daily for albumen. If there is high fever, Quinine or Anti-pyrin are to be prescribed, or an ice-bag may be placed upon the head and the body bathed with cold water. If there is constipation, enemata or mild cathartics are to be given such as Aqu. Laxativ. Viennens, or:

℞ 933

Inf. rad. Rhei. (e 5:70), ℥ iij.  
 Syr. mannat., ℥ j.  
 S. 1 dessertspoonful every 2  
 hours until there is a stool.

Or,

℞ 934

Decoct. cort. Quin. reg.  
 (e 5:70), ℥ iij.  
 Syr. simpl., ℥ iv.  
 S. 1 teaspoonful every 2 hrs.

When there are convulsions at the commencement of the disease, an ice-bag or ice-compresses are to be placed upon the head.

℞ 935	Decoct. Salep.,	℥ iiss.
	Chloral. Hydrat.,	gr. xv.
	S. Enough for two enemata. gr. xv.	

When there is an accompanying Angina (Pharyngitis) and a membranous exudate upon the tonsils, eight minims of a 2 to 5-per-cent solution of Carbolic Acid are to be injected in each tonsil with the canula devised for that purpose by Traube.

After the cessation of fever, when desquamation sets in, lukewarm baths are to be taken.

As regards the complications, see the heading *Angina Diphtheritica*, *Nephritis Acuta*, etc.

**Variola. Small-Pox, and Varicella Chicken-Pox.** Treatment in both of these affections is to be purely expectative. For fever, Quinine is to be given, and for the collapse, stimulants. The mouth is to be kept thoroughly cleansed by rinsing with antiseptic solutions, etc. The best prophylactic for Variola is, unquestionably, vaccination.

**Vaccinatio. Inoculation with Vaccina.** It is best to vaccinate from arm to arm. An eight-day pustule of a vaccinated child is punctured with the point of a lancet (the utmost care is to be used not to draw blood), and when a drop of clear serum has collected, the lancet is to be dipped into the same and thrust into a fold of the skin upon the arm of the child to be inoculated; or the skin is scratched with the needle devised for that purpose, and after the exuding blood has been wiped away, the lymph is rubbed into the abraded surface. The instruments used are to be kept thoroughly cleansed and disinfected after every vaccination. The children are not to be bathed during the development or incrustation of the vaccine pustule. The child from whom the lymph is taken must not be less than three months old, and must be in perfect health. There must be no signs of Syphilis, Rhachitis, Eczema, Scrophulosis, or Intestinal Catarrh. It is best to vaccinate at the age of six weeks, but when there is Eczema or Syphilis not until the efflorescences have disappeared (unless the child has been exposed to Variola). Vaccination, likewise, is not to take place during an acute febrile affection. If the mother is affected with Variola at the time of confinement, the infant is to be vaccinated immediately after birth. Brothers and sisters of children who have died of Tubercular Meningitis are to be vaccinated before they have attained the age of three months.

**Erysipelas.** Infants are to receive the usual nutriment from the breast of either the mother or wet-nurse, who, however, are to be informed of the danger of infection. In addi-



tion, a few drops at a time of red wine, claret, and Russian tea are to be administered. Older children are to receive nourishment conforming to the grade of the fever; stimulants are to be given freely. During the duration of the disease, baths are not advisable. To nursing-children, the following is to be administered:

℞ 936 Quin. sulph., gr. v.  
 Acid. sulph., q. s. ad sol.  
 Aqu. dest.,  
 Syr. simpl., āā ʒ x.  
 S. 1 teaspoonful every 2 hours.

To older children, correspondingly larger doses of Quinine are to be given.

Compresses, saturated with the following, are to be applied locally:

℞ 937 Plumb. acetic. bas. sol., gtt. x.  
 Aqu. font., ʒ vj.  
 S. For saturating compresses.

Or, compresses that have been saturated in equal parts of Aqu. Calcis and Ol. Lini, are to be applied and changed every two hours.

**Typhus Abdominalis. Typhoid Fever.** Measures are to be taken in the beginning to maintain the strength of the patient. During the fever, nothing is to be administered, except liquid nourishment such as milk, weak Russian-tea, with milk, demulcent broths and well-salted beef-tea. Pure fresh water is to be drunk, and if this can not be obtained, soda-water cooled with ice. The mouth is to be cleansed every hour; stimulants are to be administered whenever indicated. Antipyretic procedures are to be employed for the fever. Sponging with cold water is advisable as often as the skin feels hot, and is especially indicated in the evening, as is also cold wet packing. When the fever is very high, baths, at a temperature of from 82 to 84° F., and from 10 to 12 minutes' duration are better. When there is drowsiness or delirium, an ice-bag is to be placed upon the head. In very severe cases, cold douches of the head (with water at a temperature of from 68 to 70° F.), are advisable. In

addition to the cold-water treatment, it is advisable to administer Quinine:

- ℞ 938 Quinin. sulph., gr. ivss. to ix.  
 Sacch. alb., gr. xv.  
 S. Several hours before the rise of the fever, (i. e. usually about 3 o'clock in the afternoon.) 2 or 3 powders are to be given at intervals of half an hour.

When there is severe diarrhœa, the following is to be prescribed, instead of the preceding:

- ℞ 939 Quinin. Tannic., gr. x. to xx.  
 Aqu. dest.,  
 Syr. rub. Idæi., āā ʒj.  
 S. The entire quantity, after being well shaken, is to be taken within an hour.

Instead of Quinine, Antipyrin may be substituted (℞ 761).

When there is diarrhœa, in addition to the preceding, Bismuth, Colombo, Cascarella, etc., may be prescribed, but not Opium.

Constipation is to be overcome with enemata of cold water to which may be added from 1 or 2 drams of Ol. Ricini.

During convalescence, great care is to be exercised when returning to solid food.

**Intermittens. Malaria.** Three hours before an attack, Quinine is to be given in doses corresponding to the age of the child. Nursing children are to receive the following:

- ℞ 940 Quinin. sulph., gr. ivss.  
 Acid. sulph., q. s. ad sol.,  
 Syr. simpl., ʒv.  
 S. To be given in 2 doses at intervals of an hour.

If the mother nursing the child has also an attack of Malaria, a healthy wet-nurse is to take her place. Older children are to receive the following:

- ℞ 941 Quinin. sulph., gr. viiss. to xv.  
 Sacch. alb., ʒss.  
 M. f. pulv. div. in dos. æqn. No. 3.  
 S. 1 powder every hour,

After the affection has been cured, Iron is to be prescribed; or, if a cachexia exists, Arsenic with or without Iron.

℞ 942 Tinct. Ferr. pomat.,  
 Tinct. amar., āā 3 ij.  
 Sol. arsenic. Fowleri, 3 j.  
 S. 5 drops are to be taken after morning and evening meals. The dose is to be gradually increased to 30 drops per day.

It is advisable, if practicable, to leave the malarious regions.

**Syphilis Hereditaria. Congenital Syphilis.** Only by placing the child upon the breast can recovery be hoped for. If the mother is healthy (according to every appearance) she is to nurse the child. If, however, she has symptoms of Syphilis, the child is to be nursed by a wet-nurse, who must be informed of the danger to which she is exposed.

At the same time, the child is to be closely watched, especially the mouth. The child is not to be allowed to nurse, when there are excoriations at the angle of the mouth, or mucous patches upon the buccal mucous membrane. In addition to the nutriment received from the breast, properly diluted milk is to be given, and after the fifth or sixth month, well-salted meat broths. The nostrils are to be carefully cleansed with absorbent cotton each time before nursing.

In small children internal medication is best:

℞ 943 Calomelan. lævigat., gr.  $\frac{3}{4}$ .  
 Ferr. carbon. saccharat., gr. iss. to iij.  
 Sacch. Alb., 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 2 times daily; after 6 days there is to be a pause of several days.

If there is diarrhœa, the Calomel is to be suspended.

Recently:

℞ 944 Hydrargyr. Tannic. Oxydulat., gr. iij.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder 2 times daily.

Corrosive-Sublimate baths may be highly recommended, provided they are administered by reliable attendants.

- ℞ 945 Merc. sublim. corrosiv., gr. viiss.  
 Aqu. font., ʒ iij.  
 Sal. ammoniac. dep., gr. xv.  
 S. The be added to one bath.

Usually, the bath is given every other day. Care is to be taken that the child does not swallow any of the water while bathing.

In larger children, over six months old, inunctions may be given.

- ℞ 946 Ungu. ciner., gr. viiss.  
 Ungu. emollient., gr. xv.  
 Dent. tal. doses No. 6.  
 Da in chart. cerat.  
 S. For six days inunctions upon different portions of the body are to be given, and a bath after the sixth inunction.

Injections of Bamberg's Mercurial-Pepton (℞ 947) are also very effective.

- ℞ 947 Hydrargyr. peptonat. solut., ʒ iiss.  
 Aqu. dest., ʒ v.  
 S. One-half of a hypodermic-syringeful (7 mins.) is to be injected every day.

For the relapse of Syphilis, as well as Syphilis of the glands and bones, the iodides are to be employed:

- ℞ 948 Syr. Ferr. iodat., gtt. x.  
 Aqu. dest.,  
 Syr. simpl., āā ʒ v.  
 S. 1 teaspoonful morning and evening.

The local treatment is to consist of swabbings with Corrosive Sublimate.

- ℞ 949 Merc. bichlor. corros., gr. iss.  
 Glycerin., ʒ xiiss.  
 S. To be applied with a swab (for condylomata and excoriations).

Condylomata may also be sponged with a solution of Chlorinated Soda, and afterward powdered with Calomel (Labaraque).

In Syphilitic Ozæna, salves such as the following, are to be employed:

R 950		R 951	
Mecur. præcip. rubr.,	gr. iss.	Hydrargyr. Oxydat. flav.,	
Ungu. emollient.,	3 v.		gr. iij. to ivss.
S. Salve.	Or:	Ungu. emollient.,	3 v.
		S. Salve.	

These salves are to be applied with a long, slender artist's brush or on tampons of absorbent cotton, which are introduced into the nostrils as far as possible.

After all of the syphilitic symptoms have disappeared, great care is to be taken in improving the nutrition of the child. For a long time, Cod-Liver Oil, Iron, the Iodides, or the Iodine waters of Halle, etc., are to be prescribed.

**Scorbutus. Scurvy.** The child is to live in a dry dwelling. Milk is to be the principal nourishment in infants, while in older children meat broths, green vegetables (greens) of every sort, lettuce and sauerkraut are to be given in addition to the milk. The mouth is to be rinsed several times a day with a watery solution of vinegar, and the gums are to be swabbed every two or three days with Nitrate of Silver. Quinine and Iron are to be administered internally. In mild cases, it is only necessary to prescribe an acid such as the following:

R 952		R 953	
Acid. tartaric.,	gr. viiss.	Succ. Citr. rec. press.,	3 ss.
Aqu. dest.,	3 ij.	Syr. sipml.,	3j.
Syr. simpl.,	3 vj.	S. 1 dessertspoonful every 2	
S. 1 dessertspoonful every 2		hours.	
hours.			

When there is intestinal hemorrhage, rest and a milk diet are imperative.



is to be increased to as much as a dessertspoonful a day. After its administration, the child is to take exercise in the open air. When Cod-liver Oil is not tolerated or contra-indicated, Iron and Quinine or the following are to be prescribed:

R 959	Syr. Ferr. iodat.,	gtt. xvij to xx.
	Syr. simpl.,	℥j.
	S. 1 teaspoonful, morning and evening.	

Still better are the iodine waters of Halle, Darkauer, etc., of which 2 or 3 ounces are to be drunk each day.

Locally, the swollen glands are to be treated by applying compresses saturated in the mineral water from Halle or withunctions of the following:

R 960	Iodat pur.,	gr. ivss.
	Kal. Iodat.,	℥ ss.
	Glycerin.,	℥j.
	S. Externally.	

**Rhachitis. Rickets.** Hygienic procedures are most important. An out-door life and a dry and healthy dwelling are desirable. The food is to be as nutritious as possible. After the fifth or sixth months, meat broths are to be given several times during the day in addition to the nourishment received from the breast. When there is a tendency to diarrhoea, milk and Cacao (2 to 1) is to be prescribed. From the commencement of the eighth month, raw meat is to be given which has first been chopped fine, and then placed in a piece of cheese-cloth and dipped for a few minutes in boiling soup (to prevent the introduction of *Tænia* into the system). Tepid baths (90° F.) with  $\frac{1}{2}$  to  $\frac{3}{4}$  pound of rock-salt added, or Halleiner Mutterlaugensalz (put up in packages) are to be taken twice a week. If there is marked anæmia, instead of the salt, 1 to 3 tablespoonfuls of evaporated Iron-salts (such as those from Fransensbad) are to be added to the bath. The baths are not to be taken at night.

Cod-liver Oil is to be given internally. In infants, at first in the form of a mixture.

- ℞ 961 Ol. morrhuae., ℥ j. to iiss.  
 Mucilag. gummi Arab.,  
 Aqu. dest., āā q. s. ut f. emulsio col., ℥ iss. to iij.  
 Syr. simpl., ℥ iiss.  
 S. Contents of bottle are to be taken during one day.

(The mixture of Cod-liver Oil must be freshly mixed daily.)

By degrees, the pure oil is to be administered. The addition of Iron is at all times permissable.

- ℞ 962 Ol. morrhuae., ℥ iij.  
 Tinct. nervino-tonic. Bestuscheff., gtt. xx.  
 Syr. simpl., ℥ ss.  
 S. To be taken during the day.

If Cod-liver Oil is not tolerated and there is a loss of appetite or diarrhoea, also in the height of summer, preparations of Iron are to be substituted:

- ℞ 963 Ferr. carbon. sacch., gr. xv.  
 Sacch. alb., ℥ j.  
 M. f. pulv. div. in dos. æqu. No. 20.  
 S. 1 powder 3 times daily.

Or the following:

- ℞ 964 Calc. phosphoric.,  
 Ferr. carbonic. saccharat., āā gr. xlv.  
 Sacch. lact., ℥ j.  
 S. 2 or 3 grains 2 times daily.

Recently, the following, recommended by Prof. Kassowitz, has been employed:

- ℞ 965 Phosphori, gram .01 (1 gm. equals 15 gr.).  
 Ol. Amygd. dulc., gram 30.  
 Pul. gum. Arabic.,  
 Sacch. alb., āā gram 15.  
 Aqu. dest., gram 40.  
 S. 1 or 2 teaspoonfuls during the day.

Better results are obtained from the following:

- ℞ 966 Phosphor., gram .01  
 Ol. morrhuae., gram 100.  
 S. 1 or 2 teaspoonfuls daily.



# DISEASES OF CHILDREN

FROM

THE POLYCLINIC

CONDUCTED BY

Prof. ALOIS MONTI, M.D.

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## A. HYGIENE OF THE CHILD.

**Nourishment of the Child.** Whenever possible, the infant is to be nursed either by the mother or a wet-nurse.

**The Diet During Pregnancy.** It is to be as much as possible like the customary diet, only more copious (not less than five meals a day). Fluids are to be taken freely. The food is to consist of milk, meat, vegetables, and dessert. Meat is not to be taken more than two times a day, and sour or too fat food as well as cheesy articles or an excessive amount of fruit are to be avoided. Beer is to be taken only by those who are accustomed to the same (beer on draught or the Bohemian is best). Wine, containing much Tannin, but not the sour red wines, are to be given to those who are accustomed to them. Carbonic-Acid waters are contra-indicated. It is essential that the nurse or mother take a moderate amount of exercise, work a little and bathe frequently.

**Time of Nursing.** New-born infants are to be nursed every hour and a half; from the commencement of the third week, every 2 hours; and from the fifth week every 3 hours.

**Weaning** is to take place when the child has cut two lower and two upper teeth (about the ninth month). Weaning is to be gradual. Cows' milk is to be given instead of the breast; at first, once a day; then by degrees, more frequently.

**Artificial Feeding During Infancy.** As regards the milk to be used in artificial feeding:

1. The cow should have been delivered of her calf about three months previous.

2. The cow should be fed only with dry feed.

3. The greatest cleanliness is to be observed at the time of milking; the vessels in which the milk is collected are to be kept thoroughly clean. It is perhaps best to sterilize the milk with the apparatus devised by Soxhlet.

4. The milk should not be given to the infant unless it has been previously boiled.

5. The milk is to be properly diluted according to the age and bodily development of the child.

The following tables have been prepared to show the amount of dilution required for milk of a specific gravity of from 1.03 to 1.036:

TABLE I.

FOR INFANTS WEIGHING AT BIRTH LESS THAN 3000 GRAMS:  
(6.6 pounds, avoirdupois.)

Week	Proportion	Each Meal	No. Meals 24 hrs.	Total 24 hrs.
1 } 2 } 3 }	2 parts of water to 1 part milk	30 gm.*	8	240 gm.
		45 gm.	8	360 gm.
		45 gm.	7	315 gm.
4 } 5 } 6 }	1 part of water to 1 part milk	65 gm.	7	420 gm.
		75 gm.	7	525 gm.
		90 gm.	7	630 gm.
7 } 8 }		105 gm.	7	735 gm.
		120 gm.	7	840 gm.
9 } 10 }		135 gm.	7	945 gm.
		150 gm.	7	1050 gm.
11 } 12 } 13 }	1 part of water to 2 parts milk	165 gm.	6	990 gm.
		180 gm.	6	1080 gm.
		190 gm.	6	1140 gm.
14 }		200 gm.	6	1200 gm.

\* 1 gram equals 15.43 grains.

TABLE II.

FOR INFANTS WEIGHING OVER 3000 GRAMS;

Week	Proportion	Each Meal	No. Meals 24 hrs.	Total 24 hrs.
1	2 parts of water to 1 part milk	50 gm.*	8	400 gm.
2		70 gm.	7	560 gm.
3		90 gm.	7	630 gm.
4		110 gm.	7	770 gm.
5	1 part of water to 1 part milk	120 gm.	7	840 gm.
6		130 gm.	7	910 gm.
7		140 gm.	7	980 gm.
8		150 gm.	7	1050 gm.
9	1 part of water to 2 parts milk	160 gm.	7	1120 gm.
10		170 gm.	7	1190 gm.
11		170 gm.	7	1190 gm.
12		180 gm.	6	1080 gm.
13		190 gm.	6	1140 gm.
14		200 gm.	6	1200 gm.

\* 1 gram equals 15.43 grains.

A stronger dilution is to be made when the stool indicates poor digestion. The milk is warmed by placing the nursing-bottle in hot water. Its temperature is to be about 79° F. To prevent the non-sterilized milk from becoming sour, a little lime-water or a tablespoonful of a 1-per-cent Bicarbonate-of-Soda solution is to be added. Instead of cows' milk, a mixture of cream may be given having the following proportions: 1/4 of a liter of cream, 3/4 of a liter of water, and 15 grams of sugar of milk (about 1/2 a pint of milk, 3/4-pint of water, and 1/2-ounce sugar of milk). This mixture is given until the child no longer gains weight under its administration; whereupon, a 1/16 of a liter (1/8 of a pint) of milk is to be added to the mixture. The amount of milk added is then gradually increased from 1/4 to 3/8 of a liter (1/2 to 3/4 of a pint). This mixture is only to be employed when the very best ingredients are obtainable. Biedert's Artificial Cream Mixture (Biedert's Rahmgemenge) may also be highly recommended. One tablespoonful is added to 13



For children who do not thrive upon sterilized milk and who, in consequence of taking the same, suffer from chronic dyspepsia and intestinal disorders, Somatose may be prescribed as an addition to the milk. The following combination, a mixture similar to that of mother's milk, is to be prescribed:

℞ 969	1	liter of cows' milk,
	730	grams of water,
	10.7	grams Somatose,
	46	grams sugar of milk,
	71	grams sweet cream.

This mixture is to be sterilized and given to the infants in quantities corresponding to their age, as previously mentioned under artificial feeding.

In some cases, favorable results are frequently obtained from the administration of Voltmer's so-called Mother's Milk or Rieth's Albumenose Milk.

Lahman's Vegetable Milk ("Vegetabile Milch") is frequently employed with excellent results in the following way:

1. In new-born infants, until six weeks old, 1 teaspoonful (leveled off) of condensed Vegetable Milk is added to 1 part of boiled milk and 2 parts of boiled water.

2. From the seventh week to the third month, 1 teaspoonful of condensed Vegetable Milk to 1 part of cows' milk and 2 parts of water.

3. From the third to the sixth month, 1 teaspoonful of condensed Vegetable Milk to 1 part of boiled milk and 1 part of boiled water.

4. From the seventh to the ninth month, 1 teaspoonful of condensed Vegetable Milk to 2 parts boiled milk and 1 part boiled water.

**Food for Infants Who Have Been Weaned and Older Nurslings.** After weaning, the infant is to receive principally cows' milk for fully two months; other foods are the following:

1. **Soup** is especially indicated in anæmic children with Eczema or in those having a tendency to Rhachitis, as well as in children with fatty abdomens. Usually, the soup is not

given before the fifth month; in healthy children, not before the ninth month. At first, veal broth is to be taken; later, pure beef-tea to which, after the tenth month, a little Tapioca or Maizena (see below) may be added. After weaning, soup is to be given twice during the day.

**2. Amylacea.** These are not indicated before weaning, and are to be given only from the commencement of the fourth month, once daily, in a liquid form to emaciated children. After weaning, Amylacea may be added 1 to 2 times daily to the soup or milk. The most convenient forms for administration are the prepared infant-foods (farinaceous). They are not to be given, however, as exclusive nourishment. Arrow-root may be added to the milk from the ninth month to the end of the second year. The Protein foods of Klencke, and the well-known Maizena—a teaspoonful of either is to be added to from  $\frac{1}{4}$  to  $\frac{1}{2}$  a pint of milk—usually agree well with infants, as also does Oppel's Kinderswieback, mixed once or twice a day with the milk so as to make a thin gruel. Tapioca may be highly recommended, especially as an addition to the milk.

**3. Meat.** The child is not to be allowed to take meat before the eighth or ninth month. In healthy children, meat is not required until the twelfth month. Meat may be given either raw or in the form of a purée. Raw meat agrees better when salted a little, finely minced, and added to moderately warm soup. At first, a dessertspoonful of minced meat is usually given. If this agrees with the child, the quantity is gradually increased to 2 tablespoonfuls. Raw meat with chocolate is also well tolerated. After the first year, the child is to receive meat not less than once or twice during the day. This should be roasted or stewed. One to 2 tablespoonfuls are given at a meal.

**4. Eggs** do not agree with a nursing-child. During the second year, the yolk of an egg may be added to the soup.

**5. Beverages.** In healthy children, alcoholics are at no time necessary during the first two years; but in diseases that are quickly followed by collapse, they are especially indicated. In nursing-children, rum or brandy with milk in quantities, varying from  $\frac{1}{2}$  teaspoonful per dose to 3 tablespoonfuls per

day, is to be given when urgency demands; and, in older children, sweet wines—a dessertspoonful at a time. Beer is to be given only to emaciated children. In Rhachitis, Scrophulosis, etc., wine and beer are indicated. Powdered Cacao or the ground shells of the fruit is excellent. Ground Cacao, boiled in water and afterward mixed with milk, is especially suited for older children. To nursing-children, who are predisposed to diarrhœa, it is to be given 1 to 2 times during the day. The Cacao shells are to be added to the milk, only when there is diarrhœa. Cacao does not agree with children less than three months old. Coffee is a good substitute for Cacao and agrees well with older nursing-infants and larger children. Coffee made of roasted malt or rice has no value. Russian tea is to be used to dilute the milk, only when there is Entero-catarrh. Coffee with milk has no practical value before the second year.

### Résumé. Diet of a Healthy Child After Weaning:

1. Milk is to be given at least three times with meals until the completion of the second year.
2. Amylacea are to be added in small quantities to the milk and soups.
3. Stewed fruit may be given at the commencement of the fifteenth month, when green vegetables (greens) may be tried.
4. Meat, 1 or 2 times daily.
5. The yoke of an egg may be added 1 or 2 times daily to the soup. Most of the meals are to be fluid or semi-fluid. Intervals of at least 3 hours are to elapse between each meal.

**Care of the Skin of Nursing-Children.** During the first eight days of life, a bath having a temperature of 97° F. is to be given each day. Afterward, it is to be reduced to 95 to 91° F. While the infant is being bathed the skin is not to be subjected to too much friction. Sponges are not to be employed, but absorbent cotton. After the bath, the folds of the skin are to be dusted with rice-powder.

**Care of the Mouth During Infancy.** The mouth of the infant is to be frequently washed with a small piece of linen

dipped in pure cold water. During the first dentition, instead of the water some antiseptic solution, similar to the following may also be employed:

R 970    Acid boric. (or Natr. salicylic.), gr. xl.  
           Aqu. font. dest.,                                3 vj.  
           Tinct. Myrrh.,                                 3 ss.  
           S.    As a mouth-wash.

After the milk-teeth have been cut, they are to be cleansed with a small soft tooth-brush with the mouth-wash, just mentioned, or a tooth-powder. In small children, the following are to be employed:

R 971    Magnes. carbonic.,                                3 j.  
           Cret. alb.,  
           Natr. salicylic.,                                āā    3 iij.  
           Ol. Menth. pip.,                                gtt. v.  
           M. f. pulv. subtilissim.  
           S.    Tooth-powder.

In older children the following:

R 972    Magnes. carbonic.,  
           Sappon. medic.,                                āā    5 ij.  
           Pulv. oss. Sepiæ.,                               3 ij.  
           Ol. Menth. pip.,                                gtt. v.  
           S.    Tooth-powder.

## B. THERAPY EMPLOYED IN THE DISEASES OF CHILDHOOD.

**Diphtheria.** In every case of Diphtheria, the following prophylactic measures are to be taken. The affected child is to be isolated. After the disease has been cured, thorough disinfection is to take place. Every object with which the child has come in contact is to be disinfected by boiling in hot water half an hour. Those articles that can not be disinfected by boiling are to be washed in a 5-per-cent Carbolic-Acid solution. The room in which the patient was confined is to be cleansed with lye and a 5-per-cent Carbolic-Acid solution. The walls are to



be rubbed down with dried bread after which the windows are to be closed and a steam spray containing a 5-per-cent Carbolic-Acid solution allowed to play for several hours. When the air in the room has been thoroughly impregnated with the volatilized Carbolic Acid, the room is to be aired for half a day and the floor and walls rubbed dry. With this same 5-per-cent Carbolic-Acid solution, the linen of the patient is to be washed.

The best prophylactic procedure during an epidemic of Diphtheria is to render immune the healthy child through the employment of Anti-toxine Serum and best in the form of Behring's No. 0 (500 Anti-toxine units) or Behring's\* No. 1 (600 Anti-toxine units). All other prophylactic medicaments are unreliable and only such should be employed that prevent the further development of Loeffler's Bacilli, namely: vinegar with equal parts of water, lemon juice, 2-per-cent solution of Hydrochloric Acid, Salicylic Acid 1:200, and 2-per-cent solution of Tannic Acid. All of these latter remedies are to be employed three times a day. Every alkaline gargle is to be avoided. The treatment of Diphtheria is commenced by disinfecting the diseased mucous membrane with agents known to be destructive to Loeffler's Bacilli.

In disinfecting the diseased mucous membrane, care is to be taken to avoid every form of mechanical injury, for that reason vigorous swabbing, cauterization, etc. is not to take place. Disinfection is affected by syringing out the nostrils and Pharynx with various medicated solutions. Powders may likewise be employed, when possible, to cover every portion of the diseased mucous membrane. Both the syringing and insufflations are to take place every three hours on the first day.

The following solutions are the most effective:

- ℞ 973 Iodi. Tribromati (Bromine Iodide), gtt. x. to xx.  
 Aquæ fontis, dest., ʒ vj.  
 S. For syringing the nostrils and pharynx.
- ℞ 974 Spirit. vin. rectific.,  
 Aquæ fontis, dest., āā ʒ vj.  
 S. For syringing the nostrils and pharynx.

\*[Mulford's various preparations of Antitoxine are fully equal, if not superior, to the European product. They have been thoroughly tested by myself in my practice and yielded excellent results.—Metzerott.]

The following is recommended by Lœffler:

℞ 975	Menthol.,	3 iiss.
	Toluol.,	3 ix.
	Alcohol.,	3 xv.
	Liq. ferri. sesquichlorati,	3 iss.
	S. To be applied with a swab in uncomplicated cases of Diphtheria.	

For those cases of Diphtheria, accompanied with putrefactive processes, the following is well suited:

℞ 976	Menthol.,	3 iiss.
	Toluol.,	3 ix.
	Alcohol. abs.,	3 xv.
	Creolin.,	3 $\frac{3}{4}$ .
	D. ad lagenam flav.	
	S. To be used like the preceding.	

The Anti-toxine Serum is to be administered simultaneously and in the following manner:

In those cases of Diphtheria which are treated on the first or second day, which belong to the fibrinous form and in which the affection is localized in the Pharynx, a single injection of 600 to 1000 Anti-toxine units is to be given. In those cases of Diphtheria in which the nose and Choanæ are likewise involved, 1000 Anti-toxine units are to be injected and, after 24 hours, the dose is to be repeated. If these forms of the infection, just mentioned, come for treatment on the third day, and if, in addition to the local affection, there are constitutional symptoms, from 1500 to 2000 Anti-toxine units are to be injected immediately. After 24 hours, the same dose is to be repeated (and as many times thereafter) until improvement sets in. If the Larynx is involved and there are symptoms of Laryngeal Stenosis that have existed only for from one to three days, 2000 Anti-toxine units are to be injected. If no improvement is apparent, after the lapse of 12 hours, the dose is to be repeated. If the respiration is of a suffocating character, an intubation or tracheotomy is to be performed simultaneously, and after the operation, the same dose of Serum is to be again injected. If, notwithstanding the employment of all these procedures, the fever and local process continue, the Serum is to be continued, the injections

being repeated every 24 to 36 hours until improvement sets in.

In the mixed forms of Diphtheria (i.e. simultaneous infection with different germs), in which constitutional symptoms are present in the beginning, the treatment is to be commenced by the injection of 3000 Anti-toxine units at once and injections of the same amount of Anti-toxine every 24 hours until the symptoms of intoxication commence to remit and the local process begins to disappear. If relapses occur or if, notwithstanding the improvement of the local affection, the symptoms of intoxication still continue (such as nightly exacerbations of the fever, muscular weakness, etc.), 1000 units are to be injected at longer intervals. In general, it may be said, the injections of Serum are to be continued until the local process commences to disappear and a marked improvement sets in.

In the gangrenous form, the Anti-toxine is rarely effective. For this condition, it is to be invariably employed in large doses of from 3000 to 4000 Anti-toxine units, the injections being repeated every twelve hours.

In addition to the Serum treatment, a symptomatic treatment must always be considered. If, after improvement of the local affection under the treatment with Serum, symptoms of intoxication (such as languor, fever, etc.) still persist, the Iodide of Soda and baths are to be employed for the purpose of effecting a rapid elimination of the diphtheritic toxins.

℞ 977 Natrii hydroiodic., ʒ ss.  
 Aquæ fontis, dest., ʒ iiss.  
 Syr. simplicis, ʒ ss.  
 S. 1 dessertspoonful every 2 hours.

Collapse is to be combated with baths (the temperature to be gradually raised to 100° F.), followed by wet packings of three hours duration, alcoholics, and the internal administration of the following:

℞ 978 Tinct. nervino-tonicæ, Bestuscheffi, gtt. xxx. to xlv.  
 Aquæ fontis dest., 3 iiss.  
 Aqu. Menthæ pip.,  
 Syr. simplicitis, . āā 3 ij.  
 S. 1 teaspoonful every hour.





be administered freely. Inhalations of steaming-water every one or two hours are advisable. When there is Laryngeal Stenosis of a high grade and even in moderate degrees of Stenosis, inhalations of medicated solutions are to be employed:

**R 984**

Natrii chlorati,                     $\bar{3}$  j.  
 Aquæ fontis, dest.,            $\bar{3}$  vj.  
 S. For inhalation.

In severe Stenosis:

**R 985**

Aluminæ hydr. aceticæ  
   (Liq. Burowi),     $\bar{3}$  j.  
 Aquæ fontis, dest.,                $\bar{3}$  iij.  
 S. For inhalation.

In addition to the preceding, the thorax is to be enveloped in warm Priessnitz's compresses. In stubborn cases, the following may also be employed:

**R 986**    Acidi carbolic,                                 $\bar{3}$  ss.  
               Aquæ fontis, destillatæ,                $\bar{3}$  vj.  
               S. For inhalation.

Or inhalations of steaming-water and Ol. Terebinthinæ.

Of the internal medicaments, the Iodide of Sodium is the most serviceable, especially when administered in combination with an expectorant.

**R 987**    Inf. pulv. rad. Ipecac. (e .2 ad 90),     $\bar{3}$  iss.  
               Natrii Hydroiodiei,                        gr. xv. to xxx.  
               S. 1 dessertspoonful, hourly.

Emetics are to be employed only in the most severe cases, when the symptoms of Stenosis have been present for several hours and when the Stenosis appears to be due to an accumulation of mucus. Large quantities of fluids are to be administered a quarter of an hour before the emetic is given:

**R 988**    Tartar. emetici,                                        gr. iss.  
               Linet. gummos.,                                 $\bar{3}$  iss.  
               S. 1 tablespoonful.

If, after the lapse of a quarter of an hour, vomiting has not taken place a second tablespoonful is to be given. In strong children over 4 years of age the following:

**R 989**    Tartar. emetici,                                        gr. iij.  
               Linet. gummos.,                                 $\bar{3}$  iss.  
               S. Like the preceding.

In the commencement of the affection, it is often necessary on account of the severe cough to employ narcotics:

R̄ 990    Mixtur. oleosæ,                      ℥ iiss.  
            Codeini phosphorici,               gr. iss. to ijj.  
            Syrupi simplicis.,                  ℥ ss.

S.    1 teaspoonful every 2 hours.

When resolution sets in and when there is profuse secretion:

℞ 991 Inf. pulv. rad. Ipec. (e .2 ad 90), ʒ iiss.  
 Salis ammon. depurat., gr. vj.  
 Syrupi simplicis., ʒ ss.  
 S. 1 dessertspoonful every 2 hours.

Prophylaxis against future attacks: When there is Anæmia, Scrophulosis or Mal-nutrition, the bodily strength is to be increased by the administration of nutritious food. If the circumstances of the parents of the child permit, a stay is to be made during the winter in the South (not in mountainous regions but in well-sheltered localities) and in the foot-hills during the summer. For the purpose of improving the general nutrition, milk-cures, tonics, saline and sea-baths are to be employed and during the winter, Cod-liver Oil is to be administered. Children who are healthy but delicate by reason of their mode of life are to be made hardy through daily cold ablutions (they are not to commence until spring or summer).

The spine, the back, the neck, and the chest are to be washed with a sponge or the whole body is to be enveloped in a sheet wrung out in water; and then briskly rubbed for five minutes and dried. These procedures are to take place immediately after rising, in a room having a moderate temperature. The water used at first should have a temperature of 86° F.; afterward, the temperature is to be gradually reduced two degrees each day until fresh hydrant-water is used. A Chronic Pharyngeal Catarrh is always to be treated energetically, as though it were the causative factor. If the Tonsils are hypertrophied, a tonsillotomy is to be performed.

**Laryngospasmus. Laryngismus Stridulus. Spasm of the Glottis.** During an attack, the child is to be undressed and the windows are to be opened. If this does not suffice,



counter-irritants, cold ablutions, douches, and friction are to be resorted to. If asphyxia is threatened or already exists, the tongue is to be drawn forward. As a last procedure, artificial respiration may be practised by introducing an elastic catheter into the trachæ and blowing air into the lungs—the air to be expelled by compression of the thorax. The Phrenic Nerve may be subjected to faradisation, the one electrode being placed on the Sterno-cleido-mastoideus, the other upon the Triangular Space. The efforts at reviving are not to be commenced too soon, only when positively necessary, and are to be continued for three-quarters of an hour. The treatment, during the intervals of the attacks, should be directed toward the causative factors. Every form of excitement is to be avoided.

The sick-room is to be frequently ventilated, care being taken to prevent the patient from contracting a cold. A light but nutritious diet is to be prescribed. During the first few days, the food is to be liquid. The bowels are to be unloaded with enemata. To rachitic children, wholesome food, saline- or warm salt-baths, and Cod-liver Oil are to be prescribed.

℞ 992 Ol. jec. Aselli (Ol. Morrhuæ) ʒ iiss.  
 Pulv. gum. Arab.,  
 Aqu. dest. qu. s. ut f. mixtur. colat., ʒ iiss.  
 Syr. simpl., ʒ iv.  
 S. 1 tablespoonful every 3 or 4 hours.

If the child has Hydrocephalus, the Iodides, Bromides, or Hydrate of Chloral are indicated:

℞ 993 Natr. bromat., gr. xxx. to ʒ j.  
 (In children one year of age, gr. xxx.)  
 Aqu. font. dest., ʒ iiss.  
 Syr. simpl., ʒ iv.  
 S. 1 dessertspoonful every 2 hours.

Or:

℞ 994  
 Natr. Iodat., ʒ ss. to j.  
 Aqu. font. dest., ʒ iiss.  
 Tinct. Valerian., gtt. xx.  
 Syr. simpl., ʒ iv.  
 S. 1 tablespoonful every 2 hrs.

When there is cerebral irritation:

℞ 995  
 Chloral. Hydr., gr. xv. to xxx.  
 Mixtur. gummos., ʒ iiss.  
 Syr. rub. Idæi, ʒ iv.  
 S. 1 dessertspoonful every 2 hrs.



The Hydrate of Chloral may be given in 3 to 5-per-cent solution in enemata. The following may also be tried:

- ℞ 996 Mixture. oleos., ʒ ijss.  
 Tinct. Belladonnæ, gtt. ij. to vj. or viij.  
 Syr. simpl., ʒ iv.  
 1 dessertspoonful every 2 hours.

If a Tracheo-bronchitis be the cause, inhalations of steaming-water, Turpentine, or the following are indicated:

- ℞ 997 Acid. Tannic., ʒ j.  
 Aqu. font. dest., ʒ vj.  
 Aqu. Laurocer., ʒ iiss.  
 S. Inhalations 3 or 4 times daily, by means of Siegle's apparatus.

Finally, an expectorant by itself or in combination with Chloral may be advisable; for instance:

- ℞ 998 Inf. rad. Polygal. Senegæ. (e 10:90), ʒ ijss.  
 Chloral. Hydrat., gr. xv. to xxx.  
 Syr. simpl., ʒ iiss.  
 S. 1 dessertspoonful every 2 hours.

When the Bronchial Glands are swollen:

- ℞ 999 Ferr. Iodat. sacch., gr. xv.  
 Sacch. alb., ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 or 4 powders during the day.

If the child is rhachitic, Cod-liver Oil by itself or in combination with Iodide of Iron is to be given:

- ℞ 1000 Ol. Morrhuæ., ʒ iij.  
 Ferr. iodat. sacch., ʒ iiss.  
 Stent. per hor. 48, deinde decanta.  
 S. 2 tablespoonfuls daily.

In nursing children, the following is to be given in place of the former:

- ℞ 1001 Ol. iecor. Asell. flav. (Ol. Murrhuæ), ʒ iv.  
 Pulv. gumm. Arab.,  
 Aqu. font. dest., āā q. s. ut f. mixt. col., ʒ ivss.  
 Syr. Ferr. iodat., ʒ iv.  
 S. 3 or 4 tablespoonfuls during the day.

**Bronchitis. Catarrh of the Lungs.** In mild cases, in Tracheo-Bronchitis, in Catarrh of the large Bronchi, Alkalies and mild expectorants are indicated:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| ℞ 1002                              | Or:                                 |
| Inf. rad. Polygal. Senegæ           | ℞ 1003                              |
| (e10:90), ʒ ijss.                   | Natr. bicarbon., gr. xv. to xxx.    |
| Kal. iodat., gr. xv.                | Aqu. font. dest., ʒ ij.             |
| Syr. capillor. Vener., ʒ iiss.      | Syr. Senegæ., ʒ iiss.               |
| S. 1 dessertspoonful every 2 hours. | S. 1 dessertspoonful every 2 hours. |

In Acute Bronchitis involving the smaller Bronchi, the treatment is to be antipyretic as long as there is fever. The following is to be given to nursing-children:

- ℞ 1004 Natrīi Salicyl., gr. xv. to xxx.  
 Aqu. font. dest., ʒ ijss.  
 Syr. rub. Idæi, ʒ iv.  
 S. 1 dessertspoonful every 2 hours.

To older children, the following:

- ℞ 1005 Quinin. sulph., gr. xij.  
 Acid. muriatic. dil., gtt. xv.  
 Syr. simpl., ʒ iss.  
 S. To be taken in 4 doses during the day.

If there is only a moderate cough, narcotics are not to be given; but if the cough is severe Tinct. Opii; for instance:

- ℞ 1006 Inf. rad. Ipecacuanh. (e .2:90), ʒ ij.  
 Tinct. Opii simpl., gtt. j. to ij. or iij.  
 Syr. simpl., ʒ ivss.  
 S. 1 dessertspoonful every 2 hours.

When profuse secretion sets in:

℞ 1007 Inf. rad. Polygal. Senegæ (e 10:90),  $\bar{3}$  ijss.  
 Syr. simpl.,  $\bar{3}$  iv.  
 S. 1 dessertspoonful every 2 hours.

The fever of a Bronchitis Capillaris in nursing-children is to be combated with the following:

℞ 1008 Quinin. Tannic., gr. xv.  
 Sacch. alb.,  $\bar{3}$  ss.  
 M. f. pulv. div. in dos. æqu. No. 10  
 S. 1 powder every 2 hours.

When the fever is high (above 102.2° F.), the temperature may be reduced by means of water. The body is enveloped from the Axilla to the feet in a sheet dipped in water at a temperature of from 65 to 70° F. After a quarter of an hour, the sheet is changed. Four consecutive envelopments are to take place, after which, the envelopments are suspended for several hours. This procedure is repeated three or four times during the day. If the fever is very high, baths at a temperature of from 75 to 85° F. and of several minutes' duration may also be given. In order to prevent an accumulation of the secretions, the child is to be constantly carried about in the arms, the finger being frequently inserted into the Pharynx and the accumulated secretion removed. Internally, expectorants (Senega is best) combined with stimulants (Camphor, Liqu. Ammon. anis.) are to be given; also wine, brandy, tea with rum, etc.

**Pertussis. Whooping-Cough.** The child is to be isolated. A change of air is advisable. The following inhalations are indicated:

℞ 1009	Internally:
Acid. carbolic., gr. xv.	℞ 1010
Aqu. font. dest., $\bar{3}$ ij.	Natr. benzoic., gr. xxx.
S. To be inhaled 3 or 4 times	Aqu. font. dest., $\bar{3}$ ijss.
during the day by means of	Syr. simpl., $\bar{3}$ ss.
Siegle's apparatus.	S. 1 or 2 dessertspoonfuls
	every 2 hours.

Quinine has frequently proved an excellent remedy:

- ℞ 1011 Quinin. sulph. (or tannic), gr. xv. to xxx.  
 Sacch. alb., ʒ ij.  
 M. f. pulv. div. in dos. No. 10.  
 S. 4 powders a day.

After Quinine has been given for 3 days, the drug is to be suspended for the same length of time and some indifferent remedy (such as ℞ 1020) substituted, afterward Quinine is to be given for three days—in all, three such cycles are to take place.

In severe attacks, Belladonna may be given for mitigating the same and producing rest during the night:

- ℞ 1012 Pulv. rad. Belladonn., gr. iss.  
 Natr. bicarbon.,  
 Sacch. alb. āā gr. xv.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. Small children are to receive 1 or 2 powders during the day; larger, 2 to 5 a day; and still larger, as many as 10 a day.

The following is better for nursing-children:

- ℞ 1013 Mixtur. oleos., ʒ iʒss.  
 Tinct. Belladonn., gtt. j. to vj.  
 Syrupi simplicis., ʒ ss.  
 S. 3 teaspoonfuls a day; larger children are to take the whole amount during the day.

In very severe cases, the Hydrate of Chloral is to be prescribed; nursing-children are to receive a 2-per-cent solution, while larger children are to be given a 3 or 4-per-cent solution

- ℞ 1014 Choral. hydr., ʒ ss. to gr. xlv.  
 Mixtur. gummos., ʒ iiss.  
 Syrupi simplicis., ʒ iv.  
 S. 1 tablespoonful is to be given before going to bed; if the child does not sleep, within two hours, a second tablespoonful is to be given.

At the present time, Oxymel Scillæ is frequently prescribed. It is often followed with excellent results. It is given between 4 and 6 o'clock in the evening, in doses of a teaspoonful every half hour.

In Pertussis Inflammatoria, accompanied with fever and Bronchitis, inhalations of 1 to 2-per-cent solutions of Carbolic Acid, 2-per-cent solution of Natrium Benzoicum or inhalations of Oil of Turpentine are to be prescribed. For reduction of the fever, Quinine in a form similar to the following is to be employed:

℞ 1015 Quinin. muriatic.  
 (in nursing-children Qinnin. tannic.), gr. xv.  
 Flor. Benzoes., gr. vj.  
 Sacch. alb., ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours.

When there is excessive fever, the body is to be enveloped in wet sheets (vide Bronchitis Capillaris). The food is to consist of broths and cold milk. Weak children are to be given milk and brandy or tea with rum, also a little wine.

**Emphysema Pulmonum.** Sojourns in the mountains are indicated. During the winter, a stay in the South is advisable. When there are tendencies to attacks of asthma, inhalations of Turpentine are to be prescribed or wet compresses are to be placed about the chest. Mild expectorants, like the following, are to be given for the Chronic Bronchitis:

℞ 1016 Roob Juniperi,  
 Syr. capillor. Veneris. (if there is  
 constipation, Syr. Mannat.),  
 Aqu. font. dest., āā ʒj.  
 M. S. 1 tablespoonful every 2 hours.

If there are severe attacks of asthma, the following:

℞ 1017 Natr. Iodat., gr. xxx.  
 Aqu. font. dest., ʒ ijss  
 Syr. Seneg., ʒ ss.  
 S. 1 dessertspoonful every 2 hours.

After which (providing there are no further attacks), the following is to be prescribed for a longer time:

℞ 1018 Sol. ars. Fowler.,  
 Aqu. font., dest., āā ʒ iv.  
 S. About 5 drops 2 or 3 times a day.



## R 1024

Solut. Arsenic., Fowleri,  
 Aqu. fontis, dest., āā 3 iv.  
 S. 10 drops during the day.

Or:

## R 1025

Ferr. Arsenicos. cum  
 Ammonio citrico, gr. iij.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder 2 times a day.

Quinine or Antipyrin may also be given for the fever:

## R 1026

Antipyrin., gr. xv. to xxx.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. No. 5.  
 S. 2 or 3 powders at intervals  
 of an hour.

## R 1027

Iodi. puri., gr. iss.  
 Natr. Iodati, gr. iij.  
 Natr. chlor., gr. vj.  
 Aqu. dest., 3 iij.  
 S. 15 drops are to be injected  
 hypodermically, daily.

The cough is to be combated with the remedies previously mentioned. The use of Cod-liver Oil is advisable. Recently, the much recommended Morrihuol, in capsules (Chapoteaut), has been employed—2 to 4 capsules being given during the day.

Creosote is to be given from the very commencement but is not indicated when there is Anorexia:

## R 1028

Creosot., 3 ss.  
 Aqu. Cinnamon.,  
 Syr. Cinnamon., āā 3 j.  
 S. 10 to 15 drops 3 times  
 daily.

## R 1029

Creosot., gtt. xxiv.  
 Spir. vin. rectific., 3 j.  
 Syr. Cinnamon., 3 j.  
 Aqu. Cinnamon., 3 iij.  
 S. 1 teaspoonful 3 times daily.

## R 1030

Creosot., gtt. v. to xv.  
 Spir. Ether., gtt. v. to x.  
 Aquæ fontis, dest., 3 iss.  
 Sacch. alb., 3 iij.  
 S. 1 teaspoonful every 2 hours.

**Pleuritis. Inflammation of the Pleura.** Cold applications are to be employed for the pain and Quinine and envelopment of the body in wet sheets for the fever. If the pulse is

very much accelerated, *Digitalis* is to be given. After the fever has ceased, mild diuretics, similar to the following, are to be prescribed for the absorption of the exudate:

### R<sup>x</sup> 1031

Decoct. rad. *Ononid. spinos*,  
(e 3:90), ʒ iiss.  
*Oxymell. Scillæ*, ʒ iiss.  
S. 1 dessertspoonful every 2  
hours.

### R<sup>x</sup> 1032

*Natr. chlorat.*, gr. xxx.  
*Aqu. font., dest.*, ʒ iiss.  
*Succ. Liquirit.*, ʒ ss.  
S. 1/2 to be taken in one day.

### R<sup>x</sup> 1033

*Diuretini*, gr. xxx. to xl. or lx.  
*Sacch. albi*, ʒ j.  
Div. in dos. æqu. No. 4.  
S. To be taken during the day.

### R<sup>x</sup> 1034

*Natrii iodati*, gr. xv.  
*Aqu. dest.*, ʒ iiss.  
*Syr. simpl.*, ʒ iv.  
S. All to be taken in a day.

When the exudate is purulent, the most nutritious food is to be given. Quinine and Iron are to be prescribed internally. The thorax is either to be punctured or a resection of the ribs is to take place.

**Endocarditis. Inflammation of the Endocardium.** Rest in bed and the application of cold compresses are indicated. If the action of the heart is very violent, an ice-bag or better, Leiter's metallic coil is to be placed over the precordia.

R<sup>x</sup> 1035 *Inf. folior. Digitalis* (e .2 to .5:90), ʒ iiss.  
*Natr. salicylic.*, ʒ ss.  
*Syr. rub. Idæi*, ʒ iv.  
S. 1 dessertspoonful every 2 hours.

If there is a feeling of severe oppression, the following:

R<sup>x</sup> 1036 *Inf. folior. Digitalis* (e .2 to .4:90), ʒ iiss.  
*Aqu. Lauerocer.*, gtt. xxx. to xlv.  
*Syr. simpl.*, ʒ iv.  
S. 1 desertspoonful every 2 hours.

If there is constipation:



**R 1037**

Calomelan. lævigat.,  
 Pulv. fol. Digitalis., āā gr. iss.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder 4 times a day.

If there is fever:

**R 1038**

Acid. tartaric., gr. xxx.  
 Aqu. font., dest., 3 iiss.  
 Aqu. Laurocer., 3 ss.  
 Syr. rub. Idæi. 3 iv.  
 S. 1 dessertspoonful every 2 hours.

No antipyretic is to be given, but Natr. Salicylic. may be added to the Infusion of Digitalis.

In Anæmia, the following is indicated:

**R 1039** Inf. fol. Digital. (e .2 to .4:90), 3 iiss.  
 Tinct. nervino-tonic., Bestuscheffi, 3 ss.  
 Syr. cort. Aurant., 3 iv.  
 S. 1 dessertspoonful every 2 hours.

When collapse sets in, the Digitalis is to be suspended and wine and brandy are to be given.

**Coryza. Cold in the Head. Nasal Catarrh.** For the removal of the secretion, small pieces of wet absorbent cotton are to be employed. If these do not suffice, the nose is to be washed out with a small syringe. When the mucous membrane is dry and swollen, tampons, covered with the following, are to be inserted:

**R 1040** Merc. præcip. rubr., gr. iij.  
 Urgu. emollient., 3 iiss.  
 S. As a salve.

In addition to a constitutional treatment, the same therapy is to be employed in a Scrophulous Ozæna.

**Diphtheritis Narium. Nasal Diphtheritis.** (For prophylactic and constitutional treatment, see index.) Local treatment: The nasal mucous membrane is to be thoroughly cleansed with a syringe having an olive-shaped nozzle or with irrigating apparatus. The injected fluid should flow from the opposite nostril into the mouth. The child must be instructed to hold the mouth open while being syringed. These injections are to

be given from two to six times during the day. In mild cases, ordinary injections of water will suffice [This is faulty, for every nasal injection should be at least of the same specific gravity as the blood, otherwise it is irritating to the mucous membrane.—Metzerott.]. Pseudo-membranes that plug the nostrils should be first removed with the forceps or sound before the injections are given. The membranes are to be cauterized with Nitrate of Silver or Carbolic Acid, or douched with Corrosive Sublimate. In severe cases, the following nasal injections are to be employed:

**Rx A.**

Iod. Tribrom.,           gtt. xvij.  
 Aqu. dest.,               ℥ vj.  
 S. For injections (nasal).

**Rx B.**

Acid. Boric.,             gr. xxx.  
 Aqu. dest.,               ℥ vj.  
 S. For injections (nasal).

**Rx C.**

Aqu. Calcis.,  
 Aqu. font. dest.,     āā   ℥ iiij.  
 Spir. vin.,             ℥ ss.  
 S. For injections (nasal).

Likewise:

**Rx D.**

Acid. Tannic.,           gr. lxxv.  
 (or Alum. crud.,       gr. xlv.)  
 Aqu. fontis., dest.,   ℥ iiij.  
 S. For injections (nasal).

**Rx E.**

Merc. Sublim. Corrosiv.,   gr.  $\frac{1}{2}$  to  $\frac{3}{4}$   
 Aqu. font., dest.,           ℥  $6\frac{1}{4}$   
 S. Syringe the nose 4 times during the day.

Insufflations of Tannin, Alum, Natr. Benzoic are also recommended. The following is better:

**Rx F.**

Iodoform.,  
 Magnes. carbon.,           āā   ℥ iiss.  
 S. For insufflations 2 or 3 times a day.

The Iodoform may also be placed on tampons or used as a salve in the proportion of 1:20. Likewise the following:

**Rx G.**

Merc. præcip. alb. (or rubr.),   gr. xv.  
 Natr. bicarbonic.,           ℥ iiss.  
 S. For insufflations.

Bougies, similar to the following, may also be prescribed;

- ℞ H. Bougies nasal. Iodoform.  
 (Merc. præc. alb. or rubr.), gr. iss. No. 10.  
 S. To be inserted in the nose twice a day.

In severe cases, all of these methods of treatment may be combined; inhalations may also be given (solutions of Carbolic Acid, Turpentine, Sublimate, or Iod. Tribromat, 3 times daily for 5 minutes at a time). If Bronchitis or other pulmonary affection exist as complications, the last remedy must not be inhaled.

**Stomatitis Aphthosa. Aphthæ.** Every mechanical injury to the Buccal mucous membrane (biting, rubbing, etc.) is to be avoided. In the commencement, cold water is to be employed to wash out the mouth or ice-pellets are to be swallowed. The mouths of nursing-children are to be syringed 3 or 4 times daily with fresh hydrant or ice-water. Furthermore, the following:

- |  |   |
|--|---|
| ℞ 1041<br>Kal. chloric., 3 j.<br>Aqu. font., dest., 3 vj.<br>Tinct. Myrrh., 3 ij.<br>S. For cleansing the mouth.<br>Also internally: | ℞ 1042<br>Kal. chloric., gr. xv.<br>Aqu. font., dest., 3 ij.<br>Syr. rub. Idæi, 3 iv.<br>S. 1 dessertspoonful every 2<br>hours. Keep in refrigerator. |
|--|---|

If there is severe pain, especially when the tongue is ulcerated, the following is indicated:

- ℞ 1043 Merc. sublim. corros., gr. iss.  
 Aqu. font. dest., 3 iss.  
 S. For swabbing.

The food is to consist only of milk, cooled with ice, as long as the mucous membrane of the mouth is sensitive. Later, cold broths may be given and cold meat until the usual diet is resumed. If, as is frequently the case, there are intestinal complications, they are to be treated according to the well-established rules.

**Stomacace. Canker of the Mouth.** Whenever carious teeth are present, they are to be removed. The mouth is to be syringed or rinsed with cold water; afterward the oral cavity is to be disinfected with the following:

- ℞ 1044 Kali chloric., gr. xxx  
 Aqu. font., dest., 3 vj  
 Tinct. Myrrh., 3 iiss.  
 S. With this solution, the mouth is to be syringed  
 or better painted with a camel-hair brush several  
 times during the day.

The following has been recently employed with excellent results:

- ℞ 1045 Chinolin. tartaric. (Tartrate of Quinolin), gr. xv.  
 Aqu. font. dest., 3 vj.  
 Spir. vin.,  
 Aqu. Menth., āā 3 iiss.  
 S. Like the preceding.

During the stage of gangrene of the gums, they are to be brushed several times during the day with 2-per-cent solution of Carbolic Acid.

- ℞ 1046 Iodoform., gr. xxx.  
 Natr. benzoic., 3 v.  
 Detur ad scatul.  
 S. The gums are to be carefully cleansed with  
 absorbent cotton; afterward, the powder is to be  
 brushed into the tissue with a camel-hair brush.

If gangrene of the mucous membrane (Noma) takes place, the gangrenous tissue is to be removed; afterward, the wound is to be dusted with Iodoform.

**Soor. Sordes.** Every two hours, the mouth is to be thoroughly cleansed with a small piece of wet linen, which is to be discarded each time. As a cleansing solution, the following may be recommended:

- |                     |          |                     |                     |
|---------------------|----------|---------------------|---------------------|
| ℞ 1047              |          | ℞ 1048              |                     |
| Natr. boracic.,     | gr. xlv. | Kal. hypermangan.,  | gr. $\frac{3}{4}$ . |
| Aqu. dest.,         | 3 vj.    | Aqu. dest.,         | 3 vj.               |
| S. As a month-wash. |          | S. As a month-wash. |                     |

Kali Chloricum in 1-per-cent solutions, Natrium Benzoicum in 3-per-cent solutions, Natrium Salicylicum in 2-per-cent solutions, etc., may be used in the same way.

**Angina (Tonsillaris). Inflammation of the Throat (Tonsillitis).** Cold compresses are to be applied about the throat; cracked ice is to be given, or to very small children, ice-water. If fever is present, a 2-per-cent solution of Natrium Salicylicum is to be prescribed for small children, and a 3-per-cent solution for children over five years of age (1 tablespoonful every 2 hours). If there is no fever, a gargle also of Kal. Chloricum or the following is to be given:

R <sup>x</sup> 1049	Chinolin. tartaric.,	gr. lxxv.
	Aqu. font. dest.,	℥ vss.
	Aqu. Menth.,	
	Spir. vin.,	āā 3 ij.
	M. S. As. a gargle.	

As a prophylactic procedure for the prevention of fresh attacks, a systematic hardening of the child is indicated (vide Laryngitis Catarrhalis). When the tonsils are hypertrophied, a tonsillotomy is advisable when the tonsils are not inflamed.

**Dyspepsia.** The most important thing, is the treatment of the cause. In nursing-children, it is essential that the greatest regularity is observed in the time of nursing. When the children are well, it is better to nurse less frequently than too often. As soon as the child relinquishes the breast, nursing should not be continued. During menstruation, ordinarily, nothing but a symptomatic procedure is indicated; but if the child loses in weight, it should be nursed by someone other than the mother. In Dyspepsia, resulting from weaning, it is advisable, first of all, to regulate the diet. Watered milk, to which an alkali has been added, or milk mixed with veal broth is to be given. If the Dyspepsia still continues, the child should be again placed upon the breast.

For artificially fed children, a wet-nurse is to be procured; if this is not possible, then a change of food. Milk, whenever possible, is to be sterilized and diluted with either water or veal broth (for the proportion of the mixture see page 242), Biedert's Rahmgemenge (cream mixture), Liebig's soup, Læfund's peptonized milk, Somatose, etc., may likewise be given. If an Enterocatarrh exists, Russian tea (i. e. tea and rum) is to be added to the milk.

A medicinal treatment is indicated in children, prematurely born, when there is an impaired secretion of gastric juice:

℞ 1050 Pepsin., gr. vj.  
 Acid. muriatic. dil.,  
 Aqu. font. dest., āā ʒ iiss.  
 S. 1 dessertspoonful after every meal.

If the vomited matter is bitter and there is an alkaline exhalation from the breath, the following:

℞ 1051 Aqu. Calc. ʒ ss.  
 Aqu. font. dest., ʒ iiss.  
 Syr. simpl., ʒ ij.  
 S. 1 dessertspoonful after every meal.

A 2-per-cent solution of Natr. bicarbon. or Natr. benzoic. may be given in the same way. If there is also constipation, the following is better:

℞ 1052 Magnes. carbonic., gr. vj.  
 Aqu. font. dest., ʒ ij.  
 Syr. simpl., ʒ ij.  
 S. 1 dessertspoonful after every meal.

If the milk is vomited unchanged, and the vomited matter has an alkaline reaction, Pepsin is to be given in solution, or the following, which is even better:

℞ 1053 Acid. mur. dil., ʒ ss. to ʒ  $\frac{3}{4}$ .  
 Aqu. font. dest., ʒ ij.  
 Syr. simpl., ʒ ij.  
 S. 1 dessertspoonful after every meal.

In the same way Acid. Tartaric (1-per-cent solution) may be administered. The following is indicated when there is Chronic Dyspepsia and constipation:

℞ 1054 Tinct. Rhei Darelli, ʒ j.  
 S. 2 or 3 dessertspoonfuls daily.

℞ 1055 Pulv. rad. Rhei, gr. xv.  
 Sacch. alb., ʒ j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders daily.

If, however, there is an increase in the number of stools and these are characteristic of Dyspepsia, the following is indicated:

℞ 1056	Tinct. Ratanh.,	3 ss.
	Aqu. font. dest.,	3 iiss.
	Syr. simpl.,	3 ss.
S. 1 dessertspoonful 4 times daily or every 2 hours.		

For attacks of colic, baths at a temperature of 95° F. are to be given or hot compresses are to be applied upon the abdomen. Intestinal irrigations with water at a temperature of 97° F., to which a one-half-per-cent solution of salt may be added, will be found even better.

The amount of water used in these irrigations should be as follows:

For infants weighing less than 3 kilos. (6  $\frac{3}{5}$  lbs.), 6 to 9 oz.  
 New-born infants weighing over 3 kilos. (6  $\frac{3}{5}$  lbs.), 9 to 15 oz.  
 For infants under four months, 15 to 22 oz.  
 For infants over twenty-two months, 22 to 40 oz.

The irrigations are given with an irrigator or a funnel with a rubber tube attached from 3 to 6 feet long, provided with a cut-off to stop the flow of water when desired. A well-oiled elastic catheter (Charr. No. 14) is introduced into the Rectum. The child is then placed upon its back and the hips raised sufficiently high by placing a cushion under the buttocks and the thighs are flexed upon the abdomen. During the commencement of the irrigation, the pressure of the water or solution should not be great; the pressure may be gradually increased by elevating the irrigator. Whenever there is a recurrence of colic, the irrigations are to be repeated.

In Chronic Dyspepsia accompanied with meteorism, the intestine is to be systematically flushed once or twice during the day, with a 5-per-cent solution of cooking salt.

**Catarrhus Ventriculi. Catarrh of the Stomach.** In acute cases, a strict diet is to be observed. Soup, tea, milk, and soda-water or a bitter alkali are to be given. If there is nausea and a desire to vomit, the following is to be prescribed:

℞ 1057	Acid. tartaric.,	gr. xv.
	Aqu. dest.,	℥ iiss.
	Aqu. Laurocer.,	℥ ss.
	Syr. simpl.,	℥ ss.
	S. 1 dessertspoonful every 2 hours.	

After the symptoms of gastric irritation have passed away, an Amarum (bitter agent), such as the following, is to be taken for a longer time:

℞ 1058	Extr. Chinæ frigide parat.,	gr. xv.
	Aqu. font. dest.,	℥ iiss.
	Syr. cort. Aurant.,	℥ ss.
	S. 1 teaspoonful every 3 hours.	

In Chronic Gastric Catarrh, the diet is likewise to be regulated. In the commencement of the treatment, nothing is to be taken but milk—sour milk is sometimes the best. After the lapse of several days, a little broth may be taken; and later, a small quantity of roasted meat. In these cases, Kefir (No. 2) acts very well.

The drinking of Carlsbad or Marienbad (Kreuzbrunnen) water is advisable. At first, an ounce and a half of either is to be taken; later, 4 to 6 ounces; but always upon an empty stomach. If there is a tendency to constipation, such waters as Friedrichshall or Ofen, etc., may be prescribed in the same way. Recently, washing out the stomach (see Cholera Infantum) has been followed with excellent results. For this purpose, a 1-per-cent solution of Natr. bicarb., Natr. benzoic., or 1-per-cent solution of cooking salt are employed.

℞ 1059	Quin. muriatic. (or sulph.),	gr. iij.
	Zinc. sulph.,	gr. iss.
	Sacch. alb.,	℥ iss.
	M. f. pulv. div. in dos. æqu. No. 10.	
	S. 5 powders to be taken daily, before meals.	

In Anæmia, chalybeate waters such as those of Franzensbad, Pyrawart, Spaa, etc., are indicated.



**Enterocatarrhus. Catarrh of the Small Intestines.**

The treatment is to be principally dietetic, and is to be directed toward the cause. In nursing-children, nursing is to take place at regular intervals. The quality of the milk is to be examined. If deemed necessary, in addition to the milk from the breast, veal broth with milk or Liebig's soup are to be given. In older children, Cacao with milk may be prescribed. Infants under three months old, who have been artificially fed, are to be given the breast, if that is in any way possible. Children, from six to nine months old, are likewise to be placed upon the breast for a short time. As regards the other food, veal broth with milk or Biedert's Rahmgemenge (cream mixture) to which a little milk may be added, Loefflund's Peptonized Milk (see index), Cacao, or infant foods (farnacious) may be taken.

In Chronic Catarrh of the Small Intestines, occurring in older children, raw meat and Kefir are advisable. Pure water, given in small quantities at a time, is permissible; likewise, cold Russian tea, a cold decoction of Salep (from 2 to 5 grains to a quart of water), and red wines containing Tannin (spoonful at a time). Baths should be administered daily, and are especially indicated when there are signs of collapse. When given for the latter condition, the temperature is to be 95° F.

Of the medicines to be prescribed, Opium, administered in the form of a simple tincture or Pulv. Dover., will be found the best. It is to be employed, however, with the greatest care. It is contra indicated:

1. In infants, prematurely born.
2. When there are symptoms of cerebral irritation.
3. When, in addition to the intestinal affection, there is Bronchitis.
4. In collapse.
5. In Hydrocephalus, when the greatest precautions are to be observed, should it become necessary to administer opiates.

As the individual effects produced by Opium are quite varied, it is to be given in small doses at first, and according to the following table:

OPIUM DOSE-TABLE:

Child's Age	TINCT. OPII SIMPL. Mixture	Single Dose	PULV. DOVERI. Dispensation	Dose
To 6 weeks	$\left\{ \begin{array}{l} \text{gtt. 1 to gm. 100} \\ \text{of solution} \\ (\text{gtt. 1 to } \mathfrak{z} \ 3\frac{1}{8}) \end{array} \right\}$	One dessert- spoonful every 2 hours.	$\left. \begin{array}{l} \text{gm. .05} \\ \text{in 10 doses} \\ (\text{gr. } \frac{3}{4}) \end{array} \right\}$	2 or 3 pow- ders, daily.
6 weeks to 3 ms.	$\left\{ \begin{array}{l} \text{gtt. 1 to gm. 70} \\ \text{of solution} \\ (\text{gtt. 1 to } \mathfrak{z} \ 17\frac{1}{2}) \end{array} \right\}$		$\left. \begin{array}{l} \text{gm. .07} \\ \text{in 10 doses} \\ (\text{gr. 1}) \end{array} \right\}$	
3 to 6 mos.	$\left\{ \begin{array}{l} \text{gtt. 2 to gm. 100} \\ \text{of solution} \\ (\text{gtt. 2 to } \mathfrak{z} \ 3\frac{1}{8}) \end{array} \right\}$		$\left. \begin{array}{l} \text{gm. .1} \\ \text{in 10 doses} \\ (\text{gr. } 1\frac{1}{2}) \end{array} \right\}$	One powder every 2 hours.
6 to 12 mos.	$\left\{ \begin{array}{l} \text{gtt. 2 to gm. 70} \\ \text{of solution} \\ (\text{gtt. 2 to } \mathfrak{z} \ 17\frac{1}{2}) \end{array} \right\}$		$\left. \begin{array}{l} \text{gm. .1} \\ \text{in 10 doses} \\ (\text{gr. } 1\frac{1}{2}) \end{array} \right\}$	
1 to 2 years.	$\left\{ \begin{array}{l} \text{gtt. 3 to gm. 100} \\ \text{of solution} \\ (\text{gtt. 2 to } \mathfrak{z} \ 3\frac{1}{8}) \end{array} \right\}$		$\left. \begin{array}{l} \text{gm. .1 to .2} \\ \text{in 10 doses} \\ (\text{gr. } 1\frac{1}{2} \text{ to } 3) \end{array} \right\}$	

When the catarrh has resulted from Dyspepsia, especially when undigested food appears in the stools, the following:

℞ 1060 Paullin. sorbil., gr. vj.  
Pulv. Dover., \* (±)  
Sacch. alb., ʒj.  
M. f. pulv. div. in dos. æqn. No. 10.  
S. 1 powder every 2 hours, in milk.

When the vomited matter is sour and the stools have a sour smell, the following:

\* According to the age of the child. See above Table.

- ℞ 1061 Natr. Benzoic. (or bicarbonic.), gr. xv.  
 Aqu. font. dest.,  $\bar{3}$  ijss.  
 Tinct. Opii spl.,  $*(\pm)$   
 Syr. simpl.,  $\bar{5}$  iv.  
 1 tablespoonful after every meal.

Formerally, the following was frequently given:

- ℞ 1062 Pulv. lapid. Cancror., gr. xlv.  
 Pulv. Doveri,  $*(\pm)$   
 Sacch. alb., gr. xv.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 3 hours.

When the intestinal affection is complicated with Acute Gastric Catarrh:

- ℞ 1063 Acid. muriatic. dil. (or tartaric.), gr. xv.  
 Aqu. font. dest.,  $\bar{3}$  ijss  
 Tinct. Opii simpl.,  $*(\pm)$   
 Syr. simpl.,  $\bar{5}$  iv.  
 S. 1 dessertspoonful every 2 hours.

When the catarrh is confined strictly to the intestines, an astringent is indicated:

- |  |  |
|--|--|
| <p>℞ 1064<br/>         Tinct. Ratanhiæ (or Catechu,<br/>         Cascarillæ), <math>\bar{3}</math> ss.<br/>         Aqu. font. dest., <math>\bar{3}</math> ij.<br/>         Tinct. Opii simpl., <math>*(\pm)</math><br/>         Syr. simpl., <math>\bar{5}</math> iv.<br/>         S. 1 dessertspoonful every 2<br/>         hours.</p> | <p>℞ 1065<br/>         Alum. crud., gr. viiss.<br/>         Aqu. font. dest., <math>\bar{3}</math> ijss.<br/>         Tinct. Opii simpl., <math>*(\pm)</math><br/>         Syr. simpl., <math>\bar{5}</math> iv.<br/>         S. 1 dessertspoonful every 2<br/>         hours.</p> |
|--|--|

- ℞ 1066 Tannigen., gr. xv. to xxx.  
 Pulv. Doveri,  $*(\pm)$   
 Sacch. alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder every 2 hours, dissolved in milk.

\*According to the age of the child. See Table on page 274.

In Chronic Catarrh of the Small Intestines, every other day a rectal irrigation of a 5-per-cent solution of cooking salt or a 3-per-cent solution of Natr. Benzoic is to be given; also the following, internally:

**R 1067**

Decoct. rad. Colombo

(e 10:90),  $\bar{3}$  ij.Tinct. Opii simpl.,  $*(\pm)$ Syr. cort. Aurant.,  $\bar{3}$  iv.

S. 1 dessertspoonful every 2 hours.

The following may also be tried:

**R 1069**

Bismuth. subnitric., gr. vj.

Pulv. Dover., gr. iss. to iij.

Sacch. alb.,  $\bar{3}$  j.

M. f. pulv. div. in dos. æqu.

No. 10.

S. 3 powders daily.

The following is even better:

**R 1068**Extr. Colomb.,  $\bar{3}$  ss.Pulv. Doveri,  $*(\pm)$ Sacch. alb.,  $\bar{3}$  j.

M. f. pulv. div. in dos. æqu.

No. 10.

S. 1 powder every 2 hours.

Zinc. Sulph. may also be given in small doses:

**R 1070**

Zinc. sulph., gr. iss.

Aqu. font. dest.,  $\bar{3}$  iiss.Tinc. Opii simpl.,  $*(\pm)$ Syr. simpl.,  $\bar{3}$  ss.

S. 1 dessertspoonful after every meal.

In Chronic Diarrhœa, the following has been highly recommended:

**R 1071** Tinct. Coto.,  $\bar{3}$  j. to iss.Aqu. dest.,  $\bar{3}$  iiss.Tinct. Opii simpl.,  $*(\pm)$ Syr. simpl.,  $\bar{3}$  ss.

S. 1 dessertspoonful every 2 hours.

**R 1072** Cotoin., gr. iij.

Pulv. Dover., gr. iss. to iij.

Sacch. alb.,  $\bar{3}$  j.

M. f. pulv. div. in dos. æqu. No. 10.

S. 1 powder every 2 hours.

If the children become anæmic, preparations of Iron are indicated:

\*According to the age of the child. See Table on page 274.

- ℞ 1073 Tinct. nervino-tonic. Bestuscheffi, ʒ ss.  
 Aqn. font. dest., ʒss.  
 Tinct. Opii simpl., gtt. j. to ij.  
 Syr. rub. Idæi, ʒ ss.  
 S. 1 dessertspoonful 3 or 4 times daily, after meals.
- ℞ 1074 Ferr. carbon. sacch. (or Ferr. peptonat.),  
 Pulv. Doveri, āā gr. iss. to ij.  
 Sacch. alb., ʒ j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder in milk 4 times daily.

When there is meteorism, Priessnitz's compresses should be applied. In Chronic Intestinal Catarrh, cold compresses saturated in water below 74° F. are better.

### Cholera Infantum. Summer Complaints of Children.

The diet is to be immediately changed. A wet-nurse is to be procured or changed if one is already employed. The breast should be given to artificially-fed infants whenever possible.

In older children, veal broths with milk or Liebig's soup are to be given in quantities of 3 or 4 tablespoonfuls every hour. From the very commencement of the affection, alcoholics, strong cold Russian tea (tea with rum), coffee, etc. are to be prescribed. In the beginning of the affection, if there is severe vomiting it is best to wash out the stomach. In nursing-children, a Nelaton Catheter (No. 8 to 10) is to be employed for this purpose; and in older children, a small stomach-tube. Both the catheter and the stomach-tube are to be connected by means of a glass tube to a long rubber tube at the distal end of which a funnel is inserted. In nursing-infants, 1 to 2 ounces of the solution, heated to the temperature of the body, is poured in. In older children, from 3 to 10 ounces (according to the age). The solution is withdrawn by lowering the funnel and tube. The procedure is generally repeated two or three times. The following solutions are usually used in washing out the stomach:

℞ 1075  
 Resorcin., gr. viij. to xvj.  
 Aqu. font., dest., ʒ xxxij.  
 (i. e.  $\frac{1}{2}$  to 1:1000)  
 S. For irrigating the stomach.

℞ 1076  
 Natr. benzoic., ʒ v.  
 Aqu. font., dest., ʒ xxxij.  
 S. Like the preceding.

Furthermore, in the commencement of Cholera Infantum, intestinal irrigations are indicated (as long as no collapse results). Solutions of 1-per-cent cooking salt or 2-per-cent Tannic Acid are to be used in mild cases while in the severe cases 5 to 10-per-cent solutions of Natr. Benziocum or the following are to employed:

℞ 1077 Creosote., gtt. vj.  
 Aquæ fontis, destillatæ, ʒ xxxij.  
 S. For irrigations.

Internally (in the commencement of the affection), anti-fermentatives are to be administered.

℞ 1078 Natr. Benzoic., ʒ ss.  
 Aqu. font., dest., ʒ ss.  
 Tinct. Opii simpl., (according to age of child and as long as there are no signs of collapse.)  
 Aqu. Menthæ pip.,  
 Syr. simpl., āā ʒ ss.  
 S. 1 dessertspoonful every 2 hours.

In severe cases, the following:

℞ 1079 Creosot., gtt. ij. to iij.  
 Aqu. font., dest., ʒ ss.  
 Tinct. Opii simpl., (according to age of child and if there is no collapse.)  
 Aqu. Cinnamom.,  
 Syr. simpl., āā ʒ ij.  
 S. 1 dessertspoonful every 2 hours.

In larger children, the following:

℞ 1080 Acid. carbolic., gtt. j.  
 Aqu. font., dest., ʒ ss.  
 Tinct. Opii simpl. (according to the age of child),  
 Aqu. Menth. pip.,  
 Syr. simpl., āā ʒ ij.  
 S. 1 dessertspoonful every 2 hours.

Recently, Resorcin has also been used:

- ℞ 1081 Inf. flor. Chamomill. (e 10:90), ʒss. -  
 Resorcin. pur., gr. iiss.  
 Aqu. Ment. pip.,  
 Syr. simpl., āā ʒij.  
 Tinct. Opii simpl. (according to age of the child and  
 when there is no collapse).  
 S. 1 dessertspoonful every 2 hours.

During collapse, stimulants are to be given and hot compresses, mustard plasters, etc. applied. Internally:

- ℞ 1082 Ether. sulph., ʒ ss.  
 Mixtu. gummos., ʒss.  
 Aqu. Cinnamom.,  
 Syr. simpl., āā ʒij.  
 S. 1 dessertspoonful every hour, according to the  
 age of the child.

- ℞ 1083 Flor. Benzoes., gr. iiss.  
 Spir. vin., ʒ ss.  
 S. 2 drops in milk or water every 2 hours.

- ℞ 1084 Camphor. ras., gr. iij.  
 Spir. vin.,  
 Pulv. gumm. Arabic., āā q. s. Solve. in:  
 Aqu. font. dest., ʒss.  
 S. 1 teaspoonful every hour.

- ℞ 1085 Ether. acetic., ʒ ij.  
 Ol. Cinnam., ʒ vj.  
 S. 3 to 5 drops every 1/4 of an hour.

If vomiting results from internal medication, Ether or Camphor are to be injected subcutaneously:

- ℞ 1086 Camphor. ras., ʒ ss.  
 Spir. vin., ʒ iiss.  
 S. 5 to 10 drops are to be injected hypodermically.

Good results have been obtained through Hypodermoklysis according to the method of Cantani with the apparatus devised for that purpose by Prof. Monti. In one end of a long rubber





In mild cases, rectal irrigations of a 1 or 2-per-cent solution of Alum are to be prescribed. The following will be found excellent when there is severe tenesmus and hemorrhage:

℞ 1090 Aluminæ aceticæ hydrat., (Liq. Burowi), ℥ vj.  
 Aqu. fontis, dest., ℥ xviii.  
 Filtra.  
 S. For irrigations.

These irrigations are to be given from 1 to 2 times, daily, until there is pronounced improvement; afterward they are to be given less frequently. If, notwithstanding the employment of the irrigations, severe tenesmus persists, enemata of starch and Tinct. Opii are to be administered:

℞ 1091 Decoct. Salep., ℥ iij.  
 Tinct. Opii simpl., gtt. vj. to x.  
 S. Enema.

When there is fever, the following is to be administered internally:

℞ 1092 Quinin. Tannic., gr. vj. to xv.  
 Pulv. Doveri, gr. j. to ij.  
 Sacch. alb., ℥ ss.  
 M. f. pulv. div. in dos. æqu. No. 2.  
 S. 1 powder in milk every 2 hours.

In chronic cases, in addition to a proper diet 1 or 2 rectal irrigations with water at a temperature of 86° F. are to be given. This temperature is to be gradually reduced to 60° to 57° F. If the stools are fetid, 1 or 2 irrigations, with disinfecting solutions such as the following should be administered:

℞ 1093	℞ 1094
Tannigen., ℥ v.	Aluminæ aceticæ hydratae.
Aqu. font., dest., ℥ xxxij.	(Liq. Burowi), ℥ xij.
S. Irrigating solution.	Aqu. font., dest., ℥ iij.
	S. For irrigation.

The following may also be employed, when the stools are extremely offensive:



The following are indicated for longer use in older children :

℞ 1103  
Pulv. rad. Rhei Chinens.,  
Magnes carbon.,  
Elæosacch. Anis., āā 3 iiss.  
S. From 3 to 5 grains during  
the day.

℞ 1104  
Extr. fluid. Case. Sagradæ.,  
Syr. rub. Idæi, āā 3j.  
S. 1 teaspoonful evenings.

℞ 1105 Syrupi Rhamni cathartici, 3j.  
S. 1 or 2 teaspoonfuls during the day.

Dahlman's Essence of Tamarinds in tablespoon doses may likewise be given.

Better than internal medication are irrigations either with water or when there is a great accumulation of fœcal masses in combination with such a laxative as the following :

℞ 1106 Aqu. laxativ. Viennens.,  
Aqu. font. dest., āā 3 xv.  
S. For irrigation.

If a stool does not follow immediately, an additional quart of water is to be administered in the form of an irrigation. Or :

℞ 1107  
Infus. folior. Sennæ.  
(e 80:500), 3 xvj.  
Adde:  
Aqu. font. dest., 3 xvj.  
S. For irrigation.

Likewise:  
℞ 1108  
Ol. Ricini, 3 ix to xvj.  
Aqu. font. dest., q. s. ad  
colatur xxxij.  
S. For irrigation.

A 2-per-cent solution of Sal Amarum may also be employed.

If the fœcal stasis is not relieved after the first irrigation, a second irrigation is to be administered.

After the Corporostasis has been relieved, the treatment should be directed toward the cause. A digital examination should be made and if a Stenosis Recti exists the same is to be mechanically dilated by means of soft-rubber tubes. Fissures of the Anus are to be swabbed with Nitrate of Silver. The diet is to be carefully regulated. If the milk of the mother or the nurse contains too much caseine, unskimmed cows' milk or

Biedert's Cream Mixture, (see index) or, in older nursing-infants, well-salted soup or broths are also to be given 1 or 2 times during the day. When constipation results from weaning, a little soda is to be added to the cows' milk or the latter is to be mixed with veal broth. Artificially fed children should be given the breast. If this is not possible, soda or veal broth is likewise to be added to the cows' milk. In older children, a mixed diet is advisable; meat must not be given exclusively, but also vegetables (greens), fruit, butter, carbo-hydrates, etc. If Atony of the muscular texture of the intestines is the cause of the constipation, massage of the abdomen, cold sponging followed by brisk friction, systematic daily intestinal irrigation at a particular hour with 1, 2 or 3 liters of water at a temperature at from 86° F., which is afterward reduced 2° daily until the water has a temperature of not more than 56° to 60° F., are indicated. After the eighth day, the irrigations are to be suspended. If spontaneous evacuations do not follow, the irrigations are to be continued for another 10 to 14 days. Gymnastic exercises and massage of the abdomen while bathing, are beneficial. When there is profuse meteorismus, faradisation of the abdominal wall is indicated.

**Tænia. Tape-worm.** Before the actual treatment is commenced, the intestine is to be freed of fecal masses either by means of internal remedies, such as Aqu. Laxativa (See R 1101), Podophyllin (See R 1100), or what is better, warm intestinal irrigations. These are to be given in the morning and the evening (in nursing-children 24 to 32 ounces of water are to be used and, in older children, one to one and a half quarts). Better than the water by itself are irrigations of equal parts of water and Aqu. Laxativa Viennens (ounces 10 to 15). A mild diet consisting of soup, milk, and tea is advisable. The vermifuge is to be given upon the subsequent day. The following is the best preparation for the purpose:

R 1109	Extr. Filic. maris Ether.,	3 $\frac{3}{4}$
	Extr. Punic. gran.,	3 ss.
	Elect. lenit.,	3 j.
	M. S. The whole to be taken in 2 hours, a little being swallowed at a time.	

Patient is to be placed in bed; if nausea and a feeling of sickness is experienced, Peppermint lozenges, black coffee with rum, or Russian tea with rum are to be given. If, after a lapse of 3 hours, there is no stool, a cathartic is to be administered.

Pomegranate root freshly prepared is also a good vermifuge:

℞ 1110 Cort. rad. Punic. Granat., ʒ jss. to ij.  
 Inf. cum. aqu. fervid., ʒ vj.  
 Stent in loco calido per horas 48,  
 diende in coque ad rem. colat. ʒ iij.  
 Decanta et adde:  
 Syr. Zingiber., ʒ v.  
 (Ol. Terebinth. gtt. vj. to viij.)  
 S. To be taken in 2 doses.

Or:

Or the following:

℞ 1111 Pelletierini tannici,  
 gr. viij. to xxij.  
 Sacch. alb., gr. xx.  
 Div. in dos. No. 2.  
 S. To be taken at intervals  
 of half an hour.

℞ 1112 Flor. Kousso.,  
 Ol. Ricini, āā ʒ v.  
 Gummi Tragacanthi, qu. s. ut  
 f. pillulæ No. 20.  
 S. 2 pills every quarter of an  
 hour.

The following is to be recommended for *Tænia Solium*:

℞ 1113 Kamalæ, gr. xlv.  
 Pulp. Tamarindorum., ʒ v.  
 M. f. Electuarium.  
 S. To be taken before breakfast.

**Oxyuris Vermicularis. Thread-Worms.** The following laxative is to be first given:

℞ 1114 Herbæ Tanacet. florid.,  
 Fol. Sennæ., āā ʒ iij.  
 Infunde cum aqu. fervidæ, q. s. per quadrant hor.  
 ad colatur., ʒ iiss.  
 Adde: Sal. amar., gr. xlv.  
 Syrup. mannat., ʒ v.  
 S. One-half is to be taken upon one day and the  
 remainder the next.





90 to 95° F. and from 5 to 10 minutes' duration are advisable. No diuretics are to be prescribed. Glauber salts (but not in drastic doses) or mineral waters containing the same, such as Marienbader-Kreuzbrunnen or Karlsbader-Mühlbrunnen, etc., in amounts varying from 1½ to 6 ounces are advisable.

℞ 1123 Sal. amar., 5 ss.  
 Aqu. font. dest., 3 iiss.  
 Syr. rub. Idæi, 3 ss.  
 S. To be taken in 4 doses.

If there is blood in the urine:

℞ 1124 Alum. crud., 5 ss.  
 Aqu. font. dest., 3 iiss.  
 Syr. acetos. Citri, 3 ss.  
 S. 1 dessertspoonful every 2 hours.

If Hydrops of a high grade is present and Diuresis is greatly impaired, steam-baths followed with cold douches or warm tub-baths at a temperature of 95 to 100° F. and of one-half hour duration are to be administered. If Diuresis is completely suppressed, the following is to be administered simultaneously:

℞ 1125 Natrii hydroiodici, 5 ss.  
 Aqu. fontis dest., 3 iiss.  
 Syrupi simplicis, 3 ss.  
 S. 1 teaspoonful every 2 hours.

When the urine is very bloody, the following is usually prescribed:

℞ 1126 Extr. Secal. Cornut. (Ergot), gr. x. to xv.  
 Sacch. albi, 3j.  
 Div. in dos. No. 10.  
 S. 3 or 4 powders during the day.

When there is fever and blood in the urine:

℞ 1127 Quinin. Tannic., gr. xv. to xxx.  
 Sacch. alb., gr. xlv.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder in milk every 2 hours.



When there is Uræmia and Eclampsia, baths at a temperature of from 90 to 95° F. are to be taken two times a day and purgative enemata of Aqu. laxativ. Viennens, etc., followed by sedative enemata of Chloral Hydrate:

℞ 1128. Chloral. Hydrat., gr. xv. to xxx.  
 Aqu. font. dest., ℥ vj.  
 S. One-half is to be taken at one time.

If after the lapse of half an hour, an effect is not produced, a second enema is to be given. During the attack, narcosis through Chloroform is advisable. During the commencement of the uræmic symptoms, the following:

℞ 1129 Flor. Benzoes., gr. vj.  
 Sacch. alb., ʒ j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 1 powder every 2 hours.

When the heart shows signs of weakening, Camphor or Ether is to be administered, hypodermically; if there is anæmia, Tinct. Nervino-tonic. Bestusch.; and if there is somnolence and severe headache, the following:

℞ 1130 Natr. Iodat., gr. xxx.  
 (Or Natr. bromat., gr. xlv.)  
 Aqu. font. dest., ʒ iiss.  
 Syr. cort. Aurant., ʒ iv.  
 S. 1 dessertspoonful every 2 hours.

**Vulvitis. Catarrh (Inflammation) of the Vulva.** The concomitant Anæmia or Scrophulosis is to be treated. When the affection is mild, astringents are indicated either locally or in the form of sitz-baths.

℞ 1131 Zinc. sulphuric., ʒ j.  
 Aqu. font. dest., ʒ vj.  
 S. For syringing. Or:

℞ 1132 Aluminæ aceticæ hyd. (Liq. Burrowi),  
 Aqu. font. dest., āā ʒ iij.  
 S. 3 or 4 injections with a syringe or irrigator.

In Purulent Vulvitis, resulting from staphylococcus or streptococcus infection, injections of solutions of Carbolic Acid are indicated:

℞ 1133		Or:	
Acidi carbolici,	℥ j.	℞ 1134	
Aqu. fontis. dest.,	℥ vj.	Iodoform.,	℥ ss.
S. For injections.		S. For dusting over the parts.	

In Vulvitis, due to infection with Gonococci, injections of Corrosive-Sublimate solutions are to be employed:

℞ 1135	Hydrargyri sublimati. corrosivi,	gr. iij. to vj.
	Aqu. fontis.,	℥ vj.
	S. For injections.	

In Chronic Vulvitis Gonorrhoeica, in which the secretion is scanty, the following is to be prescribed:

℞ 1136	Merc. precipitati albi,	gr. x.
	Lanolini,	
	Ung. emoll.,	āā ℥ j.
	S. Externally.	

**Enuresis Nocturna. Urinating in Bed at Night.** Not too much must be expected from internal medication. The most efficacious drug, however, is Extr. Fluid. Rhus Aromat., of which ten drops are to be given in milk, morning and night. When the drug is suspended, the Enuresis returns, for this reason, it is best to commence at once with faradisation or the modified Swedish massage as practised by Dr. Csillag.

**Meningitis Tuberculosa. Tubercular Inflammation of the Meninges.**

(a) **Prophylaxis;** This is indicated when several children of the same family have had the affection. The mother must not nurse the child. A healthy wet-nurse is to be procured, if possible. Nursing is to take place with the greatest regularity. In addition to the nutriment from the breast, the child is to receive well-salted food at an early date (in the fourth month beef broth is to be given; in the fifth, meat juice). After the

child has been weaned, cows' milk is to be given exclusively. Vaccination is not to take place unless there is imminent danger of small-pox. Traumatism is to be guarded against as is also the heat of the sun. If Scrophulosis or Eczema, etc. exist they are to be treated constitutionally. Anæmic children are to be given Cod-liver Oil or the Iodide of Iron.

℞ 1137 Ferr. Iodat. saccharat., gr. xv.  
 Sacch. alb., gr. xxx.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 to 2 powders are to be given daily. To be continued for a long time.

(b) **Actual Treatment.** Antiphlogistic procedures are indicated; cold applications are to be made to the head; when there is constipation, a laxative is to be prescribed:

℞ 1138 Aqu. laxativ. Viennens.,  
 Syr. rub. Idæi, āā ʒj.  
 S. 1/4, or the whole amount is to be given (according to the age of the child).

Of the other medicaments, the iodides are perhaps indicated the most.

℞ 1139		Or:	
Iod. pur.,	gr. iss.	℞ 1140	
Kal. iodat.,	gr. xv.	Natr. iodat.,	ʒ ss.
Aqu. font. dest.,	ʒ iiss.	Aqu. font. dest.,	ʒ iij.
Syr. simpl.,	ʒ v.	Syr. simpl.,	ʒ iv.
S. 1 teaspoonful every hour.		S. To be consumed within 24 hours.	

The following (recommended by Moleschott) may also be tried:

℞ 1141 Iodoform., gr. xv.  
 Collodii elastic., ʒj.  
 S. To be painted over the Mastoid and the back of the neck. In addition, the following is to be given internally.

- ℞ 1142 Iodoform., gr. iss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10,  
 Da ad chart. cerat.  
 S. 1 or 2 powders, dissolved in milk, are to be  
 given internally:
- ℞ 1143 Iodol., gr. lxxv.  
 Ungu. simpl., ʒ iss.  
 M. f. ungu.,  
 S. As an ointment.

The following is given internally in conjunction with the  
 inunction:

- ℞ 1144 Iodol., gr. iij. to ivss.  
 Sacch. alb., ʒj.  
 M. f. p. div. in dos. æqu. No. 10.  
 S. 1 powder 3 times daily.

In convulsions, Chloral in doses of from 7 1/2 to 24 grains  
 is to be given either internally or per enema.

**Chorea Minor. St. Vitus Dance.** If the affection devel-  
 opes as a purely nervous disorder, luke-warm baths at a tem-  
 perature of 95° F. are to be administered and (providing the  
 children are not anæmic) Chloral Hydrate in increasing doses  
 is to be given internally. In the commencement 15 grains pro  
 die are to be prescribed. Later the dose is to be gradually  
 increased, according to the age of the child, to as much as 30  
 and even 40 grains pro die. In severe cases, Antipyrin, in  
 doses of from 15 to 30 grains pro die, has been prescribed with  
 excellent results. Arsenic, in gradually increasing doses, may  
 also be highly recommended:

- ℞ 1145 Solution. Arsenicalis Fowleri,  
 Tinct. Quinæ simpl., āā ʒ ss.  
 S. 2 drops after each meal; the dose is to be grad-  
 ually increased to 5 drops.

In anæmic children, it is advisable to combine the Arsenic with iron:

- ℞ 1146 Ferri arsenics. cum ammon. citrice., gr. iij. to vj.  
 Pulv. rad Rhei. Chin., gr. ivss.  
 Sacch. alb., ʒj.  
 Div. in dos. No. 10.  
 S. 1 or 2 powders are to be taken during the day.

Or:

- ℞ 1147 Solut. Arsen. Fowleri,  
 Tinct. ferri pomati, āā ʒ ss:  
 S. 2 drops after each meal; the dose is to be gradually increased to 5 drops.

In Chorea, occurring in conjunction with Rheumatism or Endocarditis, hypodermic injections of Carbolic Acid, combined with a simultaneous administration of Natr. Salicylic., is the best form of treatment:

- ℞ 1148 Acid. carbolic. cryst., gr. ivss.  
 Aqu. fontis. dest., ʒj.  
 S. 1 hypodermic-syringeful (℥ 15) is to be injected subcutaneously and the following administered simultaneously.
- ℞ 1149 Natrii salicylici, gr. xxx. to xlv.  
 Sacch. albi, ʒj.  
 Div. in dos. No. 10.  
 S. 4 to 6 powders per day.

When these children are extremely anæmic, the following is indicated:

- ℞ 1150 Ferri iod. sacch., gr. xv.  
 Pulv. rad. Rhei., gr. iij.  
 Sacch. albi, ʒj.  
 Div. in dos. No. 10.  
 S. 2 or 3 powders, daily.

In all forms of Chorea, electricity may be employed as a supportive treatment.



In Prurigo Agria, when there are still evidences of fresh inflammatory conditions, the following is indicated:

- ℞ 1156 Empl. Diachylon. simpl.,  
 Unguent. emollient., āā 3 v.  
 Ol. cadini, 3 j.  
 M. f. ungu.  
 S. As a salve.

If the inflammatory conditions are either wanting or have disappeared, the following is to be prescribed:

- ℞ 1157 Acid. Bor., gr. xlv.  
 Unguent. emollient., 3 v.  
 M. f. ungu.  
 S. As a salve.

Every evening the body of the child is first thoroughly soaped with soft soap; afterward, it is washed; and then greased with the salve, which is allowed to remain on all night. The following may also be used in the same way as the preceding:

- ℞ 1158 Naphthol., 3 ss.  
 Unguent. emollient., 3 v.  
 M. f. unguent.  
 S. As a salve.

Arsenic may be given internally in the form of Fowler's solution or the following:

- ℞ 1159 Ferr. arsenicos. cum Amm. citr., gr. iss.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. In the commencement, 1 powder is to be taken per day. Later, 2 powders per day.

Recently, the following has been prescribed:

- |                           |                       |
|---------------------------|-----------------------|
| ℞ 1160                    | ℞ 1161                |
| Ammon. sulphoichthyolic., | Iodol., 3 ss.         |
| Aqu. dest., āā 3 ij.      | Unguent. simpl., 3 x. |
| S. 5 to 10 drops, daily.  | M. f. ungu.           |
|                           | S. As a salve.        |

In conjunction with the same, the following is given internally:

℞ 1162 Iodol., gr. ivss. to viiss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders, daily.

**Eczema.** In Acute Eczema, compresses saturated in Aqu. Plumbi are to be first tried; later, the affected area is to be dusted with the following:

℞ 1163 Flor. Zinc., ʒ ss.  
 Amyl. Oryzæ, ʒ v.  
 S. To be powdered over the affected area.

In Eczema Impetiginosum, especially of the face, the following:

℞ 1164 Empl. Diachylon simpl., Lanolin. pur.,      āā ʒ v. Unguent. simpl.,      ʒ iiss. S. As a salve.	℞ 1165 Zinci Oxydati,      ʒ xij. Ol. Olivar.,      ʒ iiss. M. f. pasta. S. Externally.
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For softening the crusts:

℞ 1166 Aqu. Calc.,  
 Ol. Olivar.,      āā ʒ iiss.  
 S. For external use.

In scaly but not moist Eczema, the following may be recommended:

℞ 1167 Ol. Fagi, ʒ ij.  
 Glycerin. pur., ʒ iiss.  
 Amyl. Tritic., q. s. ut f. unguent. molle.  
 S. Salve.

In Chronic Eczema, accompanied with itching and hypertrophy of the skin, the parts are to be washed with soft soap. In Eczema of the Nates or the inner side of the thigh, occurring in infants as a result of Dyspepsia or an Intestinal Catarrh, the following:



- ℞ 1168 Sacch. Saturni,  
 Balsami Peruviani,  
 Lanolin. et Ung. emollient., āā ʒ ss.  
 M. f. ung.  
 S. Externally.

**Pediculi Capitis. Lice.** The head is to be thoroughly soaped, 2 or 3 times, with Sapo Mercurialis and then washed, or the following is to be used:

- ℞ 1169 Acid. carbolic., ʒ ss. to j.  
 Ol. Olivar., ʒ ij.  
 S. The head is to be greased with the above, and afterward bandaged with a piece of cloth.

Equal parts of Petroleum and Glycerine may be used in the same way.

### Scabies. The Itch.

- ℞ 1170 Balsam. Peruvian.,  
 Glycerin., āā ʒ j.  
 S. The body is first washed with soft soap; afterward, the fluid is applied with a brush and allowed to remain all night. On the following morning a fresh coating is to be applied over the old.

The following may be used in the same way:

- ℞ 1171 Styrae. venet., ʒ x.  
 Ol. Olivar., ʒ ij.  
 Spir. vin. rectificat., ʒ x.  
 M. f. ung.  
 S. Salve.

Older children may be washed with Carbolic Soap.

**Morbilli. Measles.** The child is to be kept in bed until the cessation of fever; a rigid diet is to be prescribed. When there is cough, warm beverages, such as the following, are to be given:

**R 1172**

Mixtur. oleos.,                    ʒ iiss.  
 Aqu. Laurocer.,                ʒ ss.  
 Syr. simpl.,                    ʒ ss.  
 S. 1 dessertspoonful every 2  
 hours.

If the cough is severe:

**R 1173**

Mixtur. gummos.,                ʒ iiss.  
 Tinct. Opii,                    gtt. ij. to vj.  
 Syr. simpl.,                    ʒ ss.  
 S. 1 dessertspoonful every 2  
 hours.

When there is high fever, the following:

**R 1174**    Natr. salicylic.,                    gr. xlv. to ʒ j.  
               Aqu. font. dest.,                ʒ iiss.  
               (If there is also cough.)  
               Tinct. Opii simpl.,                gtt. ij. to vj.  
               Syr. rub. Idæi,                    ʒ ss.  
               S. 1 dessertspoonful every 2 hours.

Itching may be relieved by rubbing the surface of the skin with Ol. Olivar., Ungu. Emollient, etc. When the fever and catarrhal symptoms have disappeared, the child may leave the bed. During this stage of the affection, baths at a temperature of 95° F. are to be given. The child is not to be allowed (especially in winter) to go out of doors until the skin is perfectly normal.

**Scarlatina. Scarlet Fever.** A rigid fever-diet is to be prescribed; the urine is to be examined daily for albumen. Before the end of the fourth week (even if there is no albumen in the urine) meat is not to be taken. If the amount of urine is greatly diminished, Selters-Biliner, Giesshubler, or other such mineral waters are to be prescribed. If the skin itches very much, it is to be greased with fat. When there is no albumen in the urine and there are no other complications, the child is to be bathed, for the first time, in the commencement of the fourth week; and at the end of the fourth week allowed to get up. The rest of the treatment is to be symptomatic.

**Intermittens. Malaria.** Whenever possible, removal from the malarial district is advisable. Mountain air is beneficial. Three hours before the attack, the following is to be given to nursing-children:

- ℞ 1175 Quinin. sulph. neutral., gr. viiss.  
 Acid. sulph., dil. q. s. ad sol.,  
 Syr. simpl., ʒ v.  
 S. To be taken in 3 doses at intervals of an hour.

To nursing-children, who refuse to take Quinine in this form, the following is to be given in its place:

- ℞ 1176 Quinin. tannic.,  
 Sacch. alb., āā ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 6.  
 S. 3 powders, dissolved in milk, are to be given at intervals of an hour each.

In older children, the following:

- ℞ 1177 Quinin. bisulphuric., ʒ ss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders before the attack; if these produce no effect, the dose is to be increased to 10 powders.

When the spleen is enlarged and there is a Malarial Cachexia, Quinine is to be given, also on the days when there is no fever. The dose is to be one-half that administered on the days when there is fever.

In old neglected cases, when there is pronounced Cachexia, Quinine and Arsenic are to be given:

- ℞ 1178 Quinin. sulph., gr. x.  
 Ferr. arsenicos. cum Ammon. citric., gr. iij.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. To small infants, 1 powder is to be given during the day; to older children, from 2 to 4 powders, daily.

To effect a certain cure in Malaria, it is necessary to administer the Quinine for three successive weeks; one-half the usual dose being administered upon the days when there is Apyrexia.

**Syphilis Hereditaria. Congenital Syphilis.** If the mother has sufficient milk and has no Cachexia, she is to nurse the child. Under other conditions, a wet-nurse is to be procured who, however, must be informed of the danger of infection. When a wet-nurse can not be procured, the child is to be fed with diluted cows' milk. In addition to the milk, beef broth is to be given at an early date; and, as soon as the sixth or seventh month, a little meat. The following are the best forms of medicinal treatment:

(a) **Endermatic:** Treatment with inunctions of Ungu. Ciner. (Blue Ointment):

℞ 1179 Ungu. ciner., 5 ss.  
Div. in dos. No. 4 to 6.

At first, only one-half of the above dose is to be used once a day in giving an inunction. The favorite localities for Eczema Intertrigo are to be avoided.

The Oleate of Mercury (28 parts of the Oxyde of Mercury to 110 parts of oil), when freshly prepared, is a better preparation. The Oleate is used as an inunction in amounts varying from  $4\frac{1}{2}$ ,  $7\frac{1}{2}$  to 15 grains per day.

Especially in the exanthematous forms, Emplastrum Hydragryri Mull is indicated. This is applied in strips (3 to 12 inches) and changed every fourth or fifth day.

The Mercurial Soap (1 dram of Mercury to 5 drams of soap) is also much employed in children. Pieces weighing from  $7\frac{1}{2}$  grains to 15 grains are used at a time.

(b) **Internally:**

℞ 1180 Calomel lævigat., gr. iss.  
Ferr. lactic., gr. iij.  
Sacch. alb., 3j.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. 1 powder morning and evening.

If Entero-catarrh or Dyspepsia occurs, during the administration of the remedy, it is to be suspended. If not, it is to be continued until the entire disappearance of the Exanthema.

Calomel is to be suspended at once in event of Acute Anæmia.

- ℞ 1181 Hydrarg. subl. corros. (.01 gram), gr. 1/7.  
 Aqu. font. dest., 3 x.  
 Syr. simpl., 5 iiss.  
 S. 2 or 3 teaspoonfuls, daily.

The following is well tolerated because it does not interfere with digestion:

- ℞ 1182 Hydr. oxydul. tannic., gr. iij. to vj.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders, daily.

In Syphilis of the bones or in Paralysis, the following is to be prescribed:

- ℞ 1183 Protoiod. Hydrarg., gr. iss.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. No. 10.  
 S. 2 or 3 powders, daily.

Of the Iodine preparations, the following are much employed:

- ℞ 1184 Kal. Hydroiod., gr. xv. to xxx.  
 Aqu. font. dest., 3 iiss.  
 Syr. simpl., 3 ss.  
 S. 2 or 3 teaspoonfuls; to be increased if necessary to 2 or 3 dessertspoonfuls.

Likewise, the following, indicated after the disappearance of the manifest syphilitic symptoms:

- ℞ 1185 Ferr. Iod. sacch., gr. xv.  
 Sacchar., 3 ss.  
 M. f. pulv. div. in dos. No. 10.  
 S. 1 powder 3 times, daily.

(c) **Baths.** In addition to the internal remedies or by themselves, baths are frequently indicated:

- ℞ 1186 Hydr. subl. corros., gr. xv.  
 Sal. ammon. dep., 3 iiss.  
 Aqu. font., 3 vj  
 S. For 1 or 2 baths of 5 gallons (20 lit.) of water.

In severe Bronchitis and Pneumonia, baths are contra-indicated.

(d) Subcutaneous Injections:

℞ 1187	Hydr. subl. corros.,	gr. iss.
	Natr. chlor.,	gr. vj.
	Aqu. font. dest.,	5 iiss.
	S. For injections.	

In nursing and small children,  $\frac{1}{4}$  to  $\frac{1}{2}$  of a hypodermic-syringeful is to be injected. In older children, a whole syringeful.

**Anæmia. Deficiency in Quality and Quantity of Blood.**

The treatment of an Anæmia will depend upon its form and grade. In a mild ordinary Anæmia, the causative factor is to be ascertained and treated. In addition, a nutritious diet and moderate exercise in the open air is advisable. In Anæmia, resulting from a Chronic Gastric Catarrh, a course of treatment at such resorts as Marienbad, and Franzensbad, may be highly recommended. Likewise, the drinking of Carbonic Acid Chalybeate waters such as those of Pyrmont, etc., of which 1 tablespoonful is to be taken before meals. This quantity is to be gradually increased to 4 tablespoonfuls at a time. Preparations of Iron are to be prescribed only in small doses—best in combination with Rheum.

℞ 1188		℞ 1189	
Ferri peptonati,	gr. xv.	Ferri pyrophosphoric. cum	
Pulv. rad. Rhei,	gr. iij.	natrio citrico.,	gr. xv.
Sacch. alb.,	3 j.	Pulv. rad. Rhei,	gr. iij.
Div. in dos. No. 10.		Sacch. alb.,	5 j.
S. 2 or 3 powders before		Div. in dos. 10.	
meals.	Or:	S. Like the preceding.	

In mild forms of Anæmia, accompanied with Leucocytosis, a mixed diet, but especially milk with a little brandy added, is indicated; likewise, the sea-shore, saline baths, and the following internally:

- ℞ 1190 Ferri. iod. sacch., . gr. xv.  
 Pulv. rad. Rhei, gr. iij.  
 Sacch. albi, ʒj.  
 Div. in dos. 10.  
 S. Like the preceding.

In greatly emaciated children, Cod-liver Oil to which iron has been added is preferable to everything else. In Anæmia Gravis, Simplex or in Anæmia accompanied with Leucocytosis, the employment of Knoll's tablets of medulla of bone (2 to 4 pro die) is advisable. Quinin. Ferro-citricum, Ferrum Arsenicos. cum Ammonio Citrico, Fowler's solution of Arsenic, Ferrum Phosphoric. may likewise be recommended.

- ℞ 1191 Quinin. ferro-citrici, ʒ ss.  
 Pulv. rad. Rhei Chin., gr. iij.  
 Sacch. alb., ʒj.  
 Div. in dos. No. 10.  
 S. Like the preceding.

In Anæmia Pseudoleukæmica, it is advisable to recommend a suitable diet especially milk with brandy, kefir, meat, eggs, greens, etc. but not amylacea. Tablets of the medulla of bone, Ferro. Iod. Sacch., preparations of Arsenic such as Ferr. Arsenic. cum Amm. Citrico, Tinct. Nervino-Tonica Bestuscheff may be taken internally.

In Leukæmia, the diet is the most important factor. In infants reared upon the breast, a change of nourishment is to be effected by employing a wet-nurse. For infants, artificially fed, a wet-nurse is to be procured, if possible; for older children, an abundance of albuminous food, consisting principally of milk, eggs, meat, greens, etc. is to be advised. A little wine may be highly recommended; likewise, a stay at the sea-shore or in the mountains. Internally, Quinin. Ferro-citricum, Cod-liver Oil, Ferrum Iodatum, etc. are to be prescribed. In those cases in which the Leukæmia has resulted from Syphilis, Mercurials combined with Iron are to be taken, and in those in which the affection is associated with diseased glands, Arsenic. In all cases, the tablets of medulla of bone are to be tried. In Pernicious Progressive Anæmia, the treatment is to be directed toward the cause. If parasites are the cause, they are

to be removed by prescribing the well-known remedies employed for their extermination. In Syphilis, Mercurials and Iron are to be prescribed. If a Hæmorrhagic Diathesis is the etiological factor of the Anæmia, Ferr. Arsenic. cum Amm. Citrico and Extr. Secal. Cornut (Ergot) are to be employed. Quinine, Arsenic, and Manganese may likewise be tried. In the very severe forms, in which, notwithstanding the employment of a rigid diet and the remedies just mentioned, no improvement follows, transfusion of blood may be tried.

### **Morbus Maculosus, Werlhofi. Purpura Rheumatica.**

A mixed nutritious diet is to be taken. An out-of-door life is to be led. The patient is to live in a healthy dwelling.

#### **R 1192**

Ferr. arsenicos. cum Ammon.  
citric., gr. iss.  
Extr. Secalis cornut., gr. viiss.  
Sacch. alb. 3 ss.  
M. f. pulv. div. in dos. No. 10.  
S. 3 powders, daily. Or:

#### **R 1193**

Ferr. citric. (or Quinin. ferro  
citric.) gr. xv.  
Extr. Secal. cornut.  
(Ergot) gr. ivss. to viiss.  
Sacch. alb., 3 ss.  
M. f. pulv. div. in dos. No. 10.  
S. 3 to 5 powders, daily.

**Rhachitis. Rickets.** In nursing-children, the natural nourishment is indicated. Regularity is to be observed in nursing so as to avoid dyspepsia. In artificially-fed children, veal broth in addition to the cows' milk is advisable at an early date. From the commencement of the third month, it is to be given once, and from the fourth month twice during the day. From then on, beef soup and meat juices are to be administered; and, from the commencement of the eighth month, meat is to be given. During the weaning, the child is to receive only milk and veal broth. If the latter is not well borne, Biedert's Cream Mixture is to be substituted. In children, in the second year, Amylacea are to be avoided as much as possible. Milk, soup, meat, and eggs are indicated. Leguminous preparations are to be given only to greatly emaciated children 1 or 2 times daily as an addition to the milk or soup. (Of these, the Leguminous Mixture of Hartenstein—1 tablespoonful to one cup of soup or milk; or what is perhaps better, the Zealenta



of Durioz—1 tablespoonful to one cup of warm water and a little butter and salt; or Liebig's Malto-leguminose may be highly recommended.) But these preparations must not be the exclusive food. Alcoholics, wine, malt-beer, tea with milk and brandy (the latter is especially indicated in emaciated children) are advisable as is also fresh air or a stay in the mountains or the sea-shore. The mattresses and bolsters upon the bed are to contain only horse hair; the covering is to be light. During the day, as light clothes as possible are to be worn. The position of the body of very small children is to be frequently changed. They are to be placed in a lying and not in an upright position. Attempts at teaching the child to walk are not to be made until a rhachitic affection has come to a stand still. Salt, saline, and sea-baths (especially when the emaciation and Anæmia are not pronounced) are advisable. For children under 6 months old,  $\frac{1}{4}$  of a pound of salt and for those over 6 months and up to one and one-half years, one-half of a pound are to be added to a bath of not less than 25 quarts of water, having a temperature of from  $86^{\circ}$  to  $90^{\circ}$  F. The evaporated salts from Krenznach or from Hallein may be used in the same way. If there is pronounced Anæmia, Iron baths are indicated.

℞ 1199/1218 Kali. carbonic crud.,  
 Ferr. sulph.,                      āā    ʒ xv.  
 S. To be added to from 4 to 8 baths.

Ordinary cooking-salt in combination with the commercial Sulphate of Iron may be used in the same way or the Franzenbader Eisenmoorsalts (Iron-mud salts)  $\frac{1}{4}$  to  $\frac{1}{2}$  pound to a bath. All of these baths are to be continued for months. Later, cold ablutions of the body are to be given—at first with water at a temperature of  $77^{\circ}$  F.; to be gradually reduced each day until  $63^{\circ}$  F. is reached. Cod-liver Oil is to be given, internally, to nursing-children in the following form:

℞ 1219 Ol. Morrhuæ.,    ʒ j. to iij.  
 Pulv. gum. Arabic.,  
 Aqu. font. dest. āā q. s. f. mixtura colat. ʒ iiss.  
 Syr. simpl. (or Syr. Ferr. Iodat.),                              ʒ iiss.  
 S. 3 or 4 tablespoonfuls, daily.

- ℞ 1220 Lipanini, 5 iv.  
 Pulv. gum. Arab.,  
 Aqu. font., āā q. s. ut. f. mixtura collat. 3 ivss.  
 Syr. simpl., 5 iv.  
 S. 3 tablespoonfuls, daily.

For older children, the pure clarified Cod-liver Oil is better suited. To children from 1 to 2 years of age, 1 tablespoonful is to be given; and to those from 2 to 4 years, 1 to 3 tablespoonfuls before going to sleep or before meals. The oil is to be administered for four successive days; after which there is to be a pause for 8 to 14 days; when the oil is to be again administered. This treatment is to be continued during the winter. At the height of summer, Cod-liver Oil is not to be prescribed. Iron is also of great value in Rhachitis:

## ℞ 1221

Ferr. et Natr. pyrophos-  
 phoric., gr. xv.  
 Sacch. alb., 5 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 or 2 powders, daily (in  
 milk.)  
 The following is more readily  
 digested.

## ℞ 1222

Ferr. pyrophosphor. et Natr.  
 citric., gr. xv.  
 (If there is a loss of appetite  
 Pulv. rad. Rhei Chin., gr. iij.)  
 Sacch. alb., 5 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 to 3 powders, daily.

When there is Diarrhœa the following is better:

- ℞ 1223 Ferr. carbonic. saccharat., gr. xv.  
 Sacch. alb., 5 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. Like the preceding.

Rhachitic deformities are to be treated orthopædically, as early as possible.

## C. GROWTH OF HEALTHY CHILDREN.

(a) The Average Length of the body of a male, just born, is 50 centimeters, that of a female 49.5 centimeters (2.546 centimeters equals 1 inch.)

AVERAGE GROWTH OF WELL-NOURISHED  
AND -DEVELOPED INFANTS:

Age	Increase	Length of the Body	
		Male	Female
At birth	(2.54 cm. = 1 inch)	50 cm.	49.5 cm.
1 month	4 cm.	54 "	53.5 "
2 "	4 "	58 "	57.5 "
3 "	2 "	60 "	59.5 "
4 "	2 "	62 "	61.5 "
5 "	2 "	64 "	63.5 "
6 "	1 "	65 "	64.5 "
7 "	1 "	66 "	65.5 "
8 "	1 "	67 "	66.5 "
9 "	1 "	68 "	67.5 "
10 "	1 "	69 "	68.5 "
11 "	1.5 "	70.5 "	70 "
12 "	1.5 "	72 "	71.5 "

When the original length of the child is less than the average, the increase in length of the body is also, usually, less.

The average increase in the length of the body during the first year is 20 centimeters (7.94 inches).

AVERAGE GROWTH OF CHILDREN AFTER THE FIRST YEAR:

Age	Increase	Length of Body	
		Male	Female
1st year	19 to 23 cm.*	69 to 73 cm.	68.5 to 72.5 cm.
2d "	9 to 10 "	78 to 83 "	77.5 to 82.5 "
3d "	7 to 8 "	85 to 91 "	84.5 to 90.5 "
4th "	6 "	91 to 97 "	90.5 to 96.5 "
5th "	6 "	97 to 103 "	96.5 to 102.5 "
6th "	6 "	103 to 109 "	102.5 to 108.5 "
7th "	6 "	109 to 115 "	108.5 to 114.5 "
8th "	6 "	115 to 121 "	114.5 to 120.5 "
9th "	6 "	121 to 127 "	120.5 to 126.5 "
10th "	6 "	127 to 133 "	126.5 to 132.5 "
11th "	5 "	132 to 138 "	131.5 to 137.5 "
12th "	5 "	137 to 143 "	136.5 to 142.5 "
13th "	5 "	142 to 148 "	141.5 to 147.5 "
14th "	4 "	146 to 152 "	145.5 to 151.5 "

\* 2.546 centimeters equal 1 inch.

(b) **The Average Weight of the New-Born Child** is from 3000 to 3500 grams (10.26 to 12.97 pounds).

During the first four days, the infant loses from  $1/14$  to  $1/15$  of its original weight—the average being from 170 to 222 grams (6 to 8 ounces). After the lapse of eight days (providing the infant receives the natural food), the loss of weight is regained. That is, on the eighth day, the weight of the child is the same as on the day of birth. The less the original weight, the longer the interval during which there is a loss of weight. In children, artificially fed, the loss of weight does not commence until the tenth day; and in children, prematurely born, not until the tenth to fourteenth day; and until the third or fourth week there is no increase in weight.

Nursing-infants having an original weight of 3250 grams (10.5 ll s.), gain in weight from the ninth day after birth under normal conditions:

#### GAIN IN WEIGHT OF NURSING-INFANTS:

Age	Daily Gain	Monthly Gain	Average Weight
1st month.	*25 to 35 gm.†	750 gm.	4000 gm.
2d "	23 gm.	700 "	4700 "
3d "	22 "	650 "	5350 "
4th "	20 "	600 "	5950 "
5th "	18 "	550 "	6500 "
6th "	17 "	500 "	7000 "
7th "	15 "	450 "	7450 "
8th "	13 "	400 "	7850 "
9th "	12 "	350 "	8200 "
10th "	10 "	300 "	8500 "
11th "	8 "	250 "	8750 "
12th "	6 "	200 "	8950 to 9000 gm.

\* According to original weight of child. † 1 gram equals 15.4323 grains.

## AVERAGE YEARLY INCREASE IN WEIGHT OF CHILDREN:

Age	Increase	Weight of Body	
		Male	Female
1st year	6 kg.*	9 to 10 kg.	8 to 9 kg.
2d "	2 "	11 to 12 "	10 to 11 "
3d "	1½ "	12½ to 13½ "	11½ to 12½ "
4th "	2 "	14½ to 15½ "	13½ to 14½ "
5th "	1½ "	16 to 17 "	15 to 16 "
6th "	1 "	17 to 18 "	16 to 17 "
7th "	2 "	19 to 20 "	18 to 19 "
8th "	2½ "	21½ to 22½ "	20½ to 21½ "
9th "	2 "	23½ to 24½ "	22½ to 23½ "
10th "	2 "	25½ to 26½ "	24½ to 25½ "
11th "	2½ "	28 to 29 "	27 to 28 "
12th "	2½ "	30½ to 31½ "	29½ to 30½ "
13th "	2½ "	33 to 34 "	32 to 33 "
14th "	4 "	37 to 38 "	36 to 37 "
15th "	4 "	41 to 42 "	40 to 41 "

\* 1 kilogram equals 2.204 pounds.

(c) **The Circumference of the Head** (measured around the Frontal Eminence and the Protuberantia Occipitalis) averages in the infant at birth from 34 to 36 centimeters (from 13.385 to 14.173 inches), in females, usually .5 centimeter less (1.868 inches).

**AVERAGE CIRCUMFERENCE OF THE HEAD OF CHILDREN:**

Age	Circumference	
1st month	36 centimeters.	(2.54 cm.
2d to 6th month	43	" = 1 inch)
6th to 12th month	46	"
2 years	47 to 48	"
3 "	48	"
5 "	50	"
10 "	51	"
12 "	52	"

(d) **The Circumference of the Chest** (measuring at height of the nipples and angle of the Scapula) at birth averages from 32 to 33 centimeters (12.20 to 13 inches).

**AVERAGE CIRCUMFERENCE OF THE CHEST OF CHILDREN:**

Age	Increase	Circumference
1 to 3 months	3 to 4 cm.	35 to 37 cm.
3 to 6 "	4 "	39 to 41 "
6 to 12 "	5 "	44 to 46 "
2 years	2 to 3 "	46 to 49 "
3 "	1 "	47 to 50 "
4 "	1.5 cm.	48.5 to 51.5 "
5 "	1.5 "	50 to 53 "
6 to 7 "	2 to 3 "	52 to 56 "
8 to 12 "	3 to 4 "	55 to 60 "





# SURGICAL DISEASES

FROM THE

CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. EDWARD ALBERT, M.D.

CONSULTING PHYSICIAN TO THE COURT.

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**Production of Anæsthesia.** In major operations, narcosis is produced with pure Chloroform or Ether. In operations which in their performance require but a short time, Bromethyl may be employed. Of the latter, only freshly charged flasks are to be used. Four or five drams are to be poured into the inhaler at one time. After 50 seconds the inhaler is removed and the operation commenced (anæsthesia is from 5 to 6 minutes duration).

In minor operations, local anæsthesia may be produced by means of subcutaneous injections of Cocaine, but only in those cases in which central influence can be controlled by ligation (for example, the fingers, penis, etc. but not the head). A 2 to 5-per-cent solution is usually employed. Under no circumstances is more than  $1\frac{1}{2}$  grain of Cocaine to be used. Immediately after the operation, the constricting bandage is to be removed. If symptoms of intoxication develop, stimulants (brandy and inhalations of Nitrite of Amyl) are to be administered.

Upon mucous membranes, instead of injections, 10 to 20-per-cent solutions of Cocaine in Glycerine are to be employed. The solutions are applied with a swab.

**Antiseptic Treatment of Wounds.** The antiseptic used most in this clinic is Corrosive Sublimate. The following strengths are employed:

- ℞ 1224 (a) Mercur. sublim. corros.,  
 Natr. chloral., āā gm. 1 (gr. xv.)  
 Aqu. dest. gm. 1000 (℥ xxxij.)  
 S. Corrosive-Sublimate solution 1 to 1000.
- ℞ 1224 (b) Merc. sub. cor.,  
 Natr. chlorat., āā gm. 2 (gr. xxx.)  
 Aqu. dest. gm. 1000 (℥ xxxij.)  
 S. Cor.-Subl. Sol. 1 to 500.
- ℞ 1224 (c) Merc. sublim. corros.,  
 Natr. Chlor., āā gm. .5 (gr. viiiss.)  
 Aqu. dest., gm. 1000 (℥ xxxij.)  
 S. 1 to 2000 Cor.-Sub. sol.

For the purpose of distinguishing the Corrosive-Sublimate solution from water, several drops of concentrated Eosin or Methyl-Violet solution are added to the former until there is a light-rose or violet color.

The hands of the surgeon are to be thoroughly cleansed with soap and brush before an operation; the under-side of the nails are carefully scraped; afterward the hands are disinfected in a 2 1/2-per-cent Carbolic-Acid or a 1/10-per-cent Corrosive-Sublimate solution. In the same way, the regions to be operated upon are disinfected—first with soap and brush, and lastly, with irrigations of 1 to 1000 Corrosive-Sublimate solutions. The area, immediately surrounding the field to be operated upon, is covered with Corrosive-Sublimate compresses (i. e. pure linen compresses which have been boiled for an hour in a 1 to 1000 Corrosive-Sublimate solution and afterward placed in a fresh solution of the same strength.) The instruments are thoroughly cleansed after every operation and placed before each operation for three-quarters of an hour in a 1-per-cent Soda solution after which they are submerged in a 2 1/2-per-cent Carbolic-Acid solution from whence they are handed to the operator.

Needles, silver sutures, and uterus sound are placed in the following solution:

- ℞ 1225 Acid. Carbolic. gm. 15 (℥ ss.)  
 Glycerin. gm. 300 (℥ x.)  
 S. 5-per-cent Carbo-Glycerin solution.

Sponges are no longer employed. In their place, dried (sterilized) gauze or gauze saturated and wrung out in Corrosive Sublimate is used. In Laparotomies, gauze that has been boiled in a Corrosive-Sublimate solution and then sewn into small sacks is now employed.

Every sponge of whatever material, is used but once and then destroyed. For suturing, silk is employed which has been boiled for an hour in a 5-per-cent Carbolic-Acid or 1/10-per-cent Corrosive-Sublimate solution and then placed and kept for at least eight days in a fresh 5-per-cent Carbolic-Acid or 1/5-per-cent Corrosive-Sublimate solution.

During the operations, the sutures are handed to the operator from a 1/5-per-cent solution of Corrosive Sublimate. Cat-gut is used for ligatures; is cleansed with soap and brush; and, after being disinfected for 12 hours in a 1/5-per-cent Corrosive-Sublimate solution, is kept at least 14 days in a frequently changed Alcohol-Corrosive-Sublimate solution; from this it is taken during an operation.

℞ 1226 (a) Merc. sublim. corrosiv., 1 gm. (gr. xv.)  
 Alcohol. absolut., 500 gm. (℥ 15½)  
 Glycerin., 100 gm. (℥ iij.)  
 S. Alcohol-Corrosive-Sublimate solution.

Drainage-tubes, after having been thoroughly cleansed with soap and brush and boiled in a 5-per-cent Carbolic-Acid solution, are allowed to remain for not less than three weeks in a 2 to 1000 Corrosive-Sublimate solution, which has been changed every five days. In the very small drainage-canals of a wound, strips of Iodoform gauze or silk are inserted instead of drainage-tubes. The silk is kept dry before use but previous to insertion is dipped in a Carbolic-Acid or Corrosive-Sublimate solution.

The dressings are usually applied in the following manner: After the wound has been thoroughly irrigated with a 2½ to 5-per-cent Carbolic-Acid or a 1 to 2/2000 Corrosive-Sublimate solution, it is dusted with Iodoform powder (sometimes the powder is not used). After this, Iodoform gauze is applied directly upon the wound in 2 to 4-fold layers, and upon this are placed layers of loose and fluffy Sublimate gauze, followed

by layers of moist Sublimate gauze ; over the latter some water-proof material such as oiled silk is placed ; but if the wound discharges freely, a cushion filled with sterilized excelsior is used instead. The dressings are held in place with a cotton bandage. If necessary, splints or a Crinoline bandage is then applied. In wounds of the nostrils and mouth, Iodoform gauze is used alone.

Upon fresh scars, Iodoform powder is sprinkled or strips of Iodoform gauze are placed over the same and upon these English sticking-plaster, which has been first dipped in Corrosive Sublimate and after having been applied is painted with Colloidum. The dressings are changed only when there are indications of hemorrhage, severe pains, fever, or when the secretions have penetrated ; or when it becomes necessary to remove the drains or stitches.

The Sublimate gauze is prepared by placing (hydrophile) gauze in a cold 2/1000 Corrosive-Sublimate solution for 24 hours, after which it is hung up to dry. When the dressing is applied it is best to dip the gauze again in a 1/1000 Corrosive-Sublimate solution.

The cushions of fibred wood are prepared by placing in a loose state, wood fibre (previously boiled for an hour in a 2/1000 Corrosive-Sublimate solution) upon pieces of Sublimate gauze of the desired size, folding the borders over the same and then stitching these together.

In Laparotomies, Corrosive Sublimate is never used for washing out the abdomen on account of the great danger of poisoning. The following is employed instead :

℞ 1226 (b)    Acid. Salicylic.,            gm.    1    (gr. xv.)  
                   Aqu. dest.,                    gm. 1000    (℥ xxxij.)  
                   S. 1/1000 Salicylic-Acid solution; to be  
   used warm.

In this same solution, the gauzes and sponges used for checking hemorrhages and sponging out the abdominal cavity are placed.

In the same way a 1/1000 Thymol solution may be used.

In Phlegmonous Processes and Septic Wounds, compresses saturated in Liquor Burowi are employed.

℞ 1227 (a) Alum. crud., gm. 8 (5 ij.)  
 Plumb. acet., gm. 40 (3 1 $\frac{1}{4}$ )  
 Aqu. font., gm. 400 (3 xiiss.)  
 S. Strong Burrow's solution.

℞ 1227 (b) Alum. crud., gm. 4 (5 j.)  
 Plumb. acetic., gm. 20 (3 v.)  
 Aqu. dest., gm. 400 (3 xiiss.)  
 S. Weak Burrow's solution.

**Commotio Cerebri. Concussion of the Brain.** The strictest rest is observed. The bladder is watched carefully and when full catheterized. In severe cases, accompanied with prolonged coma, peripheral irritation becomes necessary. The integumentary surface is subjected to brisk friction, a sponge saturated with water is applied over the region of the heart, and cold clysmæ are administered. If the pulse becomes retarded and very tense, during the irritative stage following this form of treatment, a venesection is performed or leeches applied upon the Mastoid Process (provided the individual is of strong habit). Furthermore, cold water or vinegar enemata are given and moderately cold compresses applied upon the head. The patient is kept in bed for three weeks and during this time a bland, non-stimulating diet is prescribed. It is seen to, that there is a regular stool each day.

**Fractura Ossium Cranii. Fracture of the Bones of the Skull.** In subcutaneous fractures, absolute rest is prescribed. Cold applications at all times and under all circumstances are advisable. Only, when hemorrhage from the Arteria Meningea Media has been diagnosed, is the skull trephined and the artery ligated. When there is a depression of a fragment and there are severe cerebral symptoms, the depressed bone is elevated or removed by an operation.

In compound fractures, when only a single fissure is present, the wound is disinfected, drained, sutured, and dressed antiseptically. In circumscript splintering, involving only a small area, the splinters are removed and the edges of the bone and wound trimmed. When it is possible, the wound is also sutured. In diffuse fractures having extensive fissures, only

those splinters are removed which are very loose. The rough edges of bone are cut off with bone-forceps. When foreign bodies have gained an entrance into the skull and are still lodged in the bone, they are loosened by making the proper movement with attached forceps, etc., after which they are removed. When this is not possible, the surrounding bony tissue is chiseled away or the bone is trephined. The same thing is done when foreign bodies (bullets) have lodged in the cranial cavity, and when their exact position can be determined, and when an operative procedure is possible and indicated.

#### **Atheroma Capitis. Sebaceous Tumors of the Head.**

The tumor is incised in its longitudinal axis, afterward it is enucleated from the surrounding tissue. The wound is disinfected, sutured, and dressed with the usual sublimate dressing.

**Cephalhæmatoma. Blood-Tumor of the Head.** The treatment is purely expectative. Only when suppuration sets in is an incision made.

#### **Vulnus Scissum Faciei. Incised Wound of the Face.**

The wound is stitched—a continuous suture is best. If there are many squirting vessels; they are seized one at a time with the hæmostatic forceps which are allowed to remain in situ until the stitches have reached the same. The ligation of vessels is usually necessary. When the wound extends into one of the cavities of the face (nostrils, angle of the mouth), the first stitch is taken there. Over the sutured wound, the usual sublimate dressing is placed. Previous to removing the stitches, little strips of Iodoform gauze are fastened with English sticking-plaster and Collodium between the stitches. The stitches are not removed until they have become thoroughly adherent.

**Noma. Water-Cancer.** A tonic and stimulating diet is indicated. Gangrenous areas are removed and the edge of the wound is cauterized with the actual cautery (Paquelin) or fuming Nitric acid.

**Angioma Faciei. Vascular Tumor of the Face.** In flat teleangiectatic vessels, painting the same with Collodium is to be tried. In the real Tumor Cavernosus, Ignipuncture with the sharp point of a Paquelin cautery or the point of a needle heated to a glowing heat is advisable in many cases. In other cases, threads which have been saturated in Liquor Ferri Sesquichlorati and then dried, are drawn through the tumor and after being tied over the same allowed to remain until they become loose, when they are removed. Extirpation with the knife is permissible only when it is possible to suture the resulting wound.

**Epithelioma Faciei. Cancer of the Face.** Extirpation with the knife is advisable whenever possible. In old people, when the neoplasm is flat, it is best to cauterize with a Chlorate-of-Zinc paste.

**Fractura Nasi. Fracture of the Nasal Bone.** When there is severe hemorrhage, cold water is syringed into the nostrils or the nose is tamponed (vide Epistaxis). Dislocation is overcome by elevating the displaced fragment from the nostrils with a pair of forceps or the end of a female catheter, afterward the fragment is supported by a small tube made of lead, or silver, or pieces of an elastic catheter or Iodoform gauze are introduced into the nostrils.

**Fractura Maxillæ Inferioris. Fracture of the Lower Jaw.** In dislocations, the fragments are fixated with sutures of silver wire. In all other cases, the chin and head-strap or bandage is employed. Occasionally a splint, made by applying gutta-percha along the side of the teeth acts well.

**Luxatio Maxillæ. Dislocation of the Jaw.** Reposition: The lower jaw is pressed in the direction of the last molar teeth by introducing the thumbs into the mouth and pressing the same against the Alveolar Process while, with the remaining fingers, the chin is raised upward from below. An assistant, standing back of the patient, fixates the head by placing his palms back of the ears and while doing so makes a slight upward traction.



**Periostitis. Maxillaris. Parulis. Subperiostial Abscess of the Jaw.** The abscess is incised from the mouth. Under all circumstances, the diseased tissue is removed.

**Epistaxis. Hemorrhage of the Nose.** Rest is indicated above everything else. Tightly fitting collars or neckwear are to be removed. Patients confined to bed are to be only slightly covered. Snuffing cold water into the nostrils is to be tried. Solutions of alum and vinegar have usually been used before the arrival of a physician, and for this reason, it is best to immediately tampon or compress the nostrils. The nose is compressed by pressing the wings of the nostril of the bleeding side against the Septum while the patient, sitting with his head bent forward, breathes gently. If the bleeding does not cease after 10 minutes, a sufficiently large cotton or charpie tampon with a string attached is to be introduced into the anterior nares. If, notwithstanding, the hemorrhage continues and the blood flows downward in the direction of the Choanae, the latter are tamponed. For this purpose, Belocqu's canula is most frequently used.

The spring of the instrument having been drawn backward, the canula is introduced into the Inferior Meatus of the nose as far as the Posterior Pharyngeal wall. The spring is then sprung, whereupon the tip projecting in the oral cavity is seized with a pair of forceps, and having been drawn forward a thread, attached to a previously prepared tampon (having the thickness of the thumb), is passed through the eye and tied to the same. The instrument is then slowly withdrawn from the nostril and the tampon drawn up into the Choana. The string protruding from the Anterior Nares is fastened to the side of the cheek with a piece of adhesive plaster. After 24 hours, the tampon is removed. In an emergency, in place of the Belocque Canula, a soft catheter or a thin waxed taper may be used.

After hemorrhage has been arrested, rest is still indicated. Hot food and stimulating beverages are to be avoided.

**Copora Aliena in Cavo Narium. Foreign Bodies in the Nostrils.** Removal is most easily accomplished with an ear-spoon. If the body can not be extracted from the Anterior



Nares, it should be shoved backward into the Pharynx and withdrawn by inserting the fingers of the left hand in the Posterior Nares (this is not to be done without an assistant). A careful examination of the nostrils should always be made (even if an anæsthetic is necessary), especially when attempts have been made by others to extract the body. When insects, maggots, or flies are lodged in the nostrils, Chloroform should be first inhaled, afterward the nostrils are to be syringed and the parasites, made visible by this procedure, removed.

**Ranula.** Either an incision or an excision of a part of the sack, followed by stitching together the borders, or an extirpation of the sack as far as it is possible is advisable.

**Angina Tonsillaris. Inflammation of the Tonsils.** Cold astringent or disinfecting gargles are to be prescribed. A Tonsillotomy is advisable when the Tonsils have become greatly hypertrophied by reason of repeated attacks of Tonsillitis, but it is to be performed only at such times when the Tonsils are not acutely inflamed. It is best to seize the Tonsil with rat-tooth or Museux's forceps and to amputate with a probe-pointed bistoury or a Dumreicher's Cystotome. Hemorrhage is checked by taking swallows of cold water. The water is to be allowed to flow into the Pharynx, but must not be gargled.

**Parotitis. Inflammation of the Parotid Gland. Mumps.** In the commencement, cold applications are advisable. When suppuration has set in, moist hot compresses are to be applied. When fluctuation is clearly perceptible, incisions are to be made parallel to the branches of the Facial nerve. If the pus burrows in the direction of the neck, counter-incisions are to be made. In chronic forms, massage is indicated.

**Injuries of the Neck.** When the skin and Platysma have been incised, they are to be sutured. At the most inferior portion of the wound, a counter-opening is to be left for drainage. In deeper wounds of the neck, the hemorrhage must be first arrested. If a squirting-artery can not be readily found, the wound is to be enlarged. If, notwithstanding, it is impossible to reach the artery, the Carotis Externa is to be doubly

ligated, or even the Carotis Communis (in loco electionis). Temporary compression of the vessel may be made by inserting the finger into the wound or, if this fails, direct compression of the Carotid may be effected in the following way: The physician, standing back of the patient, with the thumb corresponding to the side of the injury, upon the nape of the neck and the remaining fingers upon the anterior border of the Sterno-Cleido-Mastoid, presses, alternately with the latter, upon the trunk of the Carotid.

After hemorrhage has been completely arrested, the wound is to be disinfected thoroughly and any foreign body which may have gained an entrance, removed. The wound is then to be drained and a Sublimate dressing applied.

In subcutaneous fractures of the Hyoid-bone, reposition of the dislocated fragments is best made from the Pharynx. In subcutaneous fractures of the Larynx or Trachea, a tracheotomy must be performed as soon as dyspnœa sets in.

When in an open fracture of the respiratory tract, blood has flowed in the Bronchi, an elastic catheter is to be introduced through the wound into the Trachea and the blood aspirated with the mouth. While this is being done, temporary arrest of hemorrhage is to be brought about by compression or by making proper traction upon the wound with tenacula hooked into the same, after which permanent arrest of hemorrhage may be effected by ligating the bleeding vessel. The Trachea must not be sutured. When a piece of the tongue or Epiglottis has been partially severed and has fallen upon the Aditus Laryngis, it is to be stitched on whenever possible, or attached to some suitable place some distance from the Glottis by means of a suture passed through its substance. In nearly every case of this kind, a Tracheotomy is advisable as a prophylactic procedure; the latter is never to be postponed until Dyspnœa sets in, unless it is possible for the physician to be at hand at a moment's notice. Nutriment may be administered with a stomach-tube through the nose. When the Œsophagus is involved, sutures are to be tried first. If these do not accomplish the desired result, a stomach-tube is to be inserted through the wound and the patient fed in this way. When the injury has been slight, the stomach-tube may be introduced through the nose. If, on

account of intense swelling of the Pharynx, the introduction of the stomach-tube is impossible, an Œsophagotomy is to be performed and the tube introduced through the artificial opening.

**Struma. Goitre.** In the parenchymatous form as well as in the small gelatinous Goitres, the iodides are to be tried. Internally, Iodine waters such as those of Halle are to be administered. The following is to be prescribed to adults:

℞ 1228	Iod. pur.,	gr. v.
	Kal. iodat.,	gr. xlvij.
	Ungu. simpl.,	ʒj.

S. To be thoroughly rubbed into the neck and washed away in the evening.

In Cystic and Gelatinous Struma, intra-capsular enucleation after the method of Socin is advisable.

If the patient is opposed to an operation, Lugol's solution may be injected with a moderately strong perforated troicar, having a stop-cock but no outer canula. This solution is to remain for five minutes in the cyst, and then allowed to flow out through the perforated needle of the troicar.

**Lymphoma Colli. Swelling of the Lymphatic Glands of the Neck.** When possible, the cause is to be ascertained and removed (Furuncles or Eczema of the head or skin of the face, Pediculosis, ulcerations within the nostrils, carious teeth, Chronic Pharyngeal Catarrh, etc.). In Scrophulous individuals, nutritious food (meat, milk, eggs) and Cod-liver Oil, Iodides, and Iron are indicated. Extirpation is not to be attempted unless the swelling is very circumscribed. Excochleation is advisable, when suppuration and external rupture has taken place,

**Lymphoma Malignum.** An Arsenical treatment is to be prescribed, the drug being given internally:

℞ 1229	Sol. arsen. Fowleri,
	Ferr. oxydat. dialysat. liqu., āā ʒiv.

S. About 5 drops 2 times a day, after meals.

(The dose is to be increased every second or third day until symptoms of intoxication develop after which the dose is to be reduced in the same way.)

At the same time, the following is to be injected subcutaneously:

℞ 1230 Sol. arsenic., Fowleri, ʒ iiss.  
S. Daily, 1 division (℥ 1) of a hypodermic syringe  
is to be injected 2 or 3 times in different parts  
of the body.

Moist warm compresses are to be employed for the neuralgic attacks which may result from the hypodermic injections. For the resulting sleeplessness and nervous excitement, Morphia is to be prescribed:

**Corpus Alienum in Tractu Respiratorio. Foreign Bodies in the Respiratory Tract.** If the foreign body is lodged above the Glottis, an attempt is to be made to remove the same with a bent piece of wire (curved polyp-forceps, et cetera). If this fails, a Tracheotomy is to be performed. When the foreign body is lodged in the Trachea or a Bronchus, the patient is to be stood on his head or an emetic is to be administered. If the desired object is not accomplished in a very short time by the employment of these methods, a Tracheotomy must be performed. After a Tracheotomy the body is usually expelled upon coughing or upon the administration of an emetic. The body may also be removed, occasionally, from the tracheotomy wound with a bullet forceps or the instrument used for removing coins.

**Corpus Alienum in Œsophago. Foreign Bodies in the Œsophagus.** Soft bodies lodged in the cervical portion of the Œsophagus may be brought into such a state that they can be swallowed by pressing upon them in the direction of the Vertebral Column, or by squeezing and kneading from the outside. If this is impossible, an attempt is to be made to extract the foreign body with a curved polyp-forceps, the American Œsophageal forceps or the forceps of Græfe employed for removing coins.

Soft bodies that are located more deeply in the Œsophagus are to be pushed into the stomach with a stomach-sound. Hard, especially sharp-pointed bodies, must always be extracted. Various instruments (coin-forceps, Œsophageal forceps, horse-hair probang. etc.) may be employed for this purpose. If these fail an Œsophagotomy or even a Gastrotomy must be performed.

**Fractura Vertebræ. Fracture of the Vertebræ.** If the patient must be transported, he is to be placed upon a stiff stretcher. To place him in bed at least six persons are required. Two standing opposite each other are to clasp their hands under the shoulders of the patient; two others do the same under the Pelvis; and two more under the legs. Supported in this way, the patient is placed carefully in bed. If a Cervical Vertebra is fractured an additional assistant must fixate the neck and head. After the patient has been placed in bed, an attempt at reposition of the fragment is to be made, but the greatest care must be exercised. Reduction is to be effected by traction and counter-traction (i.e. chin and shoulder or Axilla and Pelvis). The seat of the fracture is to be rendered immovable by the application of a Plaster-of-Paris collar or jacket or, if this is not practicable, loosely filled sand-bags are to be placed beneath the fractured region in whatever manner may be indicated. The formation of bed-sores is to be guarded against.

**Caries Vertebrarum.** The treatment is to be hygienic. Good fresh air, strengthening albuminous food, Cod-liver Oil. and Iron preparations are to be prescribed.

As regards the local treatment in Caries of the Cervical Vertebæ, a collar made of felt or Gutta Percha is to be worn or the swing of Glisson is to be employed. In affections involving the Dorsal Vertebæ, a felt or Plaster-of-Paris jacket that can be removed and be worn only while the patient walks about is to be applied.

When the process is localized in the Lumbar Vertebæ, permanent extension after the method of Volkmann is advisable. In most cases, the Plaster-of-Paris bed of Prof. Lorenz will be found most advantageous.

**Arthritis Difformans of the Vertebrae.** Indifferent Thermal, Saline, and Sulphur baths are advisable. Galvanization with ascending currents is also to be tried.

**Habitual Scoliosis.** If the same can still be overcome, orthopædic treatment at the earliest possible date is indicated. Gymnastic exercise is advisable, and occasionally, redressement made in such a way that the Vertebral Column shows a counter curvature.

The over-corrected deformity may be maintained by the application of a Plaster-of-Paris cast. If the Scoliosis has become fixed, a supporting jacket should be worn to overcome the tendency to still greater deformity.

**Fractura Costæ. Fracture of the Ribs.** When there is also dislocation, reposition is to take place only when it is indicated by reason of the presence of grave complications. In an emergency, direct reposition may be effected by making an incision and inserting the finger around the bone. In all other cases, the Thoracic Region is to be rendered immovable by applying broad strips of adhesive plaster around the whole Thorax. Rest in bed is advisable, as is also a cathartic (Bitter waters, Ricinus Oil, Aqu. Laxativa Viennensis, etc). When there is an irritable cough, a narcotic is to be administered.

**Penetrating Wounds of the Thorax.** If there is severe hemorrhage, it is to be first checked. If the hemorrhage is from the Arteria Mammaria Interna, the vessel is to be ligated either in the wound or in its continuity. In hemorrhage of the intercostal arteries, compression is to be first tried. In hemorrhage of the incised lung, the wound is to be stitched. A prolapsus of the lung if recent is to be replaced, if incarcerated or already gangrenous, it is not to be replaced but to be covered with an antiseptic dressing. If, after the stitching of a thoracic wound, severe oppression arises from Pneumothorax, the Thorax is to be punctured or a small portion of the wound reopened and again closed. If dyspnœa of a grave character is threatened through hyperæmia of the lungs, a venesection is to be performed. If an injury to the heart is suspected, sounding for the purpose of establishing a diagnosis must not be made. The outer wound must be closed with sutures.

Absolute rest in bed in a cool and isolated room is imperative. Every mental or bodily strain is to be avoided; during the first day, no nutriment whatever is to be administered; thirst is to be quenched by swallowing crushed ice. During the ensuing days, only cold fluids are to be given. A thorough venesection, which may be repeated several times, is to be performed in the event of the pulse becoming slow and hard. Upon the region of the heart, an ice-bag is to be placed.

**Abscessus Frigidus Thoracis. Cold Abscess of the Thorax.** When the abscess is from the Spinal Column or the Sternum, a puncture is usually made with a moderately strong Troiscar and through the canula of the same the following is injected:

R 1231	Iodoform.,	℥ iij.
	Glycerin.,	℥ iiss.
S. To be injected into the cavity of the abscess until the same is moderately full.		

In abscess due to caries of the ribs, the same procedure is indicated; or, in suitable cases, an incision and excochleation or even a resection of the rib may be resorted to.

**Mastitis. Inflammation of the Mammary Gland.** When only an inflammatory congestion exists (strong tension, without reddening of the skin), moist warm compresses are to be applied (from 2 to 4 thicknesses of linen are dipped in luke-warm water, wrung out, and after being applied, covered with oiled silk). Nursing may be continued, provided it is not accomplished with very much pain. If it causes severe pain, it is to be discontinued and rest is to be prescribed. Movements of the arms of the affected side are to be avoided. The diet is to consist only of soup, almond milk, and similar preparations. When nursing is suspended, a drastic is to be prescribed.

Subcutaneous abscess are to be simply incised. No special dietetic treatment is necessary. When the glandular parenchyma is inflamed, the arm of the affected side is to be bound to the body by means of a bandage or adhesive plaster; the child is not to be given the affected breast. The breast is like-



wise to be elevated with a three-cornered piece of cotton cloth (*Suspensorium Mammæ*), and moist warm compresses are also to be applied. Rest in bed is to be prescribed, as is also a strict diet. When there is fever, refrigerant beverages are to be administered and a mild cathartic, given.

If fluctuation is present, the abscess is to be thoroughly opened, the incision always being made in a radiating direction from the nipple. When necessary, a counter opening is to be made; the wound is then drained and dressed with an antiseptic dressing. In retromammary abscesses, nursing is to be interrupted only when the act is painful. The breast is not to be elevated, but at the most only lightly supported. An incision is to be made in that particular place where fluctuation is most perceptible. This is usually in the upper portion.

Resulting fistulæ are to be widened and curetted while the patient is under the influence of an anæsthetic, after which Iodoform gauze is to be inserted.

In *Mastitis Chronica*, a *Suspensorium Mammæ* is to be worn and Priessnitz's compresses applied.

**Fractura Claviculæ. Fracture of the Collar-Bone.** Sayer's adhesive-plaster dressing is usually employed. This requires three long, broad strips of adhesive-plaster, which are applied in the following way: One end of the first strip is applied in the middle of the inner side of the upper arm; this is carried spirally backward and upward upon the outer side of the upper arm, across the back to the healthy Axilla, and being placed under the latter is made fast in the region of the nipple. The end of the second strip, having been attached to the healthy shoulder, is carried across the chest, passed under the flexed elbow of the fractured side and finally carried diagonally across the back to the healthy shoulder. The end of the third strip, having been fastened to the fractured shoulder, is carried diagonally over the chest, across the wrist back again across the back to the fractured shoulder. In children, a mitella (triangular bandage) with the broad side at the elbow is to be employed instead of Sayer's bandage, or a tightly fitting jacket is to be worn, the sleeve of which (after the arm has been brought into the proper position) is sewed upon the portion of the jacket covering the chest.



**Luxatio Claviculæ. Dislocation of the Collar-Bone.**

In forward dislocations at the Sterno-clavicular articulation, reposition is to be effected by pressure, and fixation by a hollow Gutta-percha splint held in place by adhesive strips. The hand is then placed upon the healthy shoulder, and together with the arm is held in place by a retentive bandage.

In Luxatio Retrosternalis, the shoulder is to be drawn outward and backward while the body is held in a fixed position. A similar bandage, as in forward dislocation, is to be applied. In upward luxations in the Acromion articulation, reposition is to be brought about by raising the shoulders and depressing the Clavicle. The parts are to be held in place by applying adhesive strips.

**Luxatio Humeri. Dislocation of the Shoulder.** The simplest procedure for bringing about reduction is the method by traction. The patient is seated in a chair with his healthy arm thrown over its back. One assistant makes downward traction upon a towel placed over the shoulder involved; a second, traction in a horizontal direction with a towel placed as high as possible in the Axilla; and a third kneels on the healthy side of the patient and crosses his hands over the dislocated shoulder. These proceedings are solely for the purpose of fixating the Scapula. An assistant now makes traction in a horizontal and somewhat upward direction upon a towel looped around the upper arm, immediately above the elbow, while the operator seizes the head of the Humerus and presses it into its socket. When an anæsthetic is administered, these procedures may be carried out with still greater ease. After the dislocation has been reduced, the arm is rendered immovable by fixating the upper arm to the chest with a crinoline bandage.

In recent dislocations, the rotation method may be employed: The elbow-joint is flexed at a right angle and the arm rotated outwardly until the forearm stands in line with the body, whereupon the arm is again rotated inwardly until it is brought in contact with the body.

In older dislocations, attempts at reduction are to be made under the influence of an anæsthetic. The patient is placed upon a low table, The shoulder, which hangs over the edge of

the table, is rendered immovable in the manner previously mentioned. The arm is then extended with gradually increasing force—at first in the pathognomonic position, then in a rectangular abducted or even hyperabducted position. The head of the Humerus during this time is kept under absolute control. As soon as the latter commences to move a towel is placed from above in the Axilla on the inner side of the head of the Humerus and strong traction is made upon the same while the extended arm is allowed, by gradual relaxation to return to its normal position. If deemed necessary, extension may also be made by placing the foot in the Axilla.

**Injuries of the Shoulder Region and the Axilla.** If there is severe hemorrhage, the edges of the wound are to be separated or (in incised wounds) the wound is to be opened so that the vessels may be reached and ligated. If there is secondary hemorrhage, it may be necessary to ligate either the Subclavian or Axillary in their continuity. When the joint has been torn apart, it is to be thoroughly disinfected even if it is necessary to enlarge the wound. Whenever possible, the wound is to be sutured as far as the opening for the drainage-tube. A stiff bandage is to be applied to render the joint immovable.

**Fractura Humeri. Fracture of the Upper Arm.** If the fracture is in the upper portion, Middledorpf's triangle is to be employed. This may be made by taking three pieces of thin board, nailing them together in a triangular form of the desired size, and then covering them with cotton-batting and a bandage. If the fracture is in the middle of the bone, splints made of stiff pasteboard or wood are to be employed. In fractures of the lower portion of the bone, a Plaster-of-Paris bandage is to be applied, the elbow being first flexed in a rectangular position. After an interval of from 8 to 14 days, the cast is to be removed and replaced by a fresh one. In compound fractures, the patient is to be anesthetized, and while under anæsthetic influence, the wound is to be cleansed and disinfected and afterward enlarged with the knife until it is possible to thoroughly examine the fractured region with the finger. Every angle and pocket of the wound is to be thoroughly disinfected with a solution of Corrosive Sublimate. Bleeding Vessels are to be ligated and

coagula and foreign bodies as well as loose splinters of bone removed. Sharp splinters of bone are to be cut away with bone-forceps. The whole bone must be brought into the right position and lacerated soft parts cut away with seissors, after which the wound is to be again disinfected, drainage-tubes and sutures inserted, and the fractured limb prepared for extension and counter extension. An antiseptic dressing over which splints are placed is finally applied.

**Luxatio Cubiti. Dislocation of the Elbow.** If both bones of the forearm are dislocated backward, reduction may be effected by Roser's method. The forearm having been hyper-extended, an assistant presses the Olecranon downward and then quickly flexes the joint. Dumreicher's method may likewise be employed. While one assistant makes upward traction upon a towel drawn through the Axilla and a second grasps the upper arm, the operator with one hand draws upon a looped towel, placed immediately above the elbow flexed at a right angle (the patient being in a recumbent position) and with the other hand seizes the arm immediately above the wrist. As soon as the slightest movement of the Olecranon is noticed, the joint is extended with the hand which has been placed above the wrist by making moderate traction in the direction of the axis of the forearm. In complete forward luxation, simple extension is to be made, whereupon the head of the bone is to be shoved backward.

In incomplete dislocation, flexion is to be made. In outward dislocation, reduction may be effected by extension and coaptation. In luxation of the Radius alone, extension and supination of the forearm are to be made. In luxation of the same bone backward, extension is to be first made, then supination and direct pressure upon the head of the Radius.

In old neglected dislocations of the elbow, that can not be reduced, forcible flexion is to be made while the patient is under the influence of an anæsthetic. Afterward the arm is to be moved both actively and passively. In backward dislocations, it is necessary in the most cases to sever (subcutaneously) the tensely drawn ligaments and some times even the tendon of the Triceps. If the desired object is not attained, an arthrotomy or even a resection of the lower end of the Humerus will be

necessary. In aged patients, it is advisable to do no more than to make forcible flexion and to produce an ankylosis with the arm flexed at a right angle.

**Caries Cubiti. Tuberculosis of the Elbow-Joint.** A suitable constitutional treatment is to be prescribed (vide *Caries Vertebrae*). When the affection is quite circumscribed, especially in children, Ignipuncture may be resorted to. When the process is very severe, excochleation of the affected parts is advisable. If the carious process has advanced very far, resection or amputation may become necessary.

Cold abscesses in the vicinity of the elbow-joint are to be incised and curetted with a sharp spoon or the walls of the abscess are to be extirpated.

**Fractura Antibrachii. Fracture of the Bones of the Forearm.** In fracture of the Olecranon, the accompanying swelling is to be counteracted by compression made with the turns of a bandage applied from the tip of the finger as far as the shoulder, the arm at the time being almost completely extended. This bandage is to be frequently changed. After the swelling has subsided, a bandage is to be applied with the arm in a completely extended position. After the lapse of a little time, flexor movements (at first gentle, then gradually more vigorous), are to be made in such a way that the upper fragment is pressed firmly downward with the fingers. In the remaining forms of fractures of the forearm, the angular splint of Dumreich is to be applied and the arm then bandaged in crinoline.

**Luaxtio Manus et Digitorum.** In dislocation of the joints of the hand, simple extension and coaptation through pressure will usually suffice. Dorsal dislocation of the thumb at the Metacarpophalangeal articulation, if incomplete, is to be reduced by making traction upon the thumb and slowly moving the same around the head of the Metacarpus. In complete dislocation, the tip of the thumb of the operator is to be placed upon the Dorsum of the Metacarpus of the patient and the Phalanx shoved forward; afterward the joint is to be brought into a flexed position. A complicated dislocation must be first con-

verted into a complete dislocation by bringing the Phalanx in a rectangular position.

**Distorsio Manus. Sprain of the Wrist.** In fresh cases, the hand is to be put at rest by placing it upon a splint. Cold applications are to be made. If the ligaments have been ruptured, the parts are to be rested until the rupture is healed. In mild cases, massage is to be commenced at an early date. Painful areas are to be subjected to mild friction from above and below with the tips of the fingers. The pressure made with the fingers is to be gradually increased. After massaging, gentle passive movements are to be tried but they are not to be continued if accompanied with pain.

**Wounds of the Hands.** Hemorrhage in the superficial regions of the palm is to be checked through ligation in the wound. In hemorrhage of the deeper region of the palm, resulting from fresh injuries, the bleeding vessels are likewise to be searched for and ligated in the wound (an Esmarch bandage having been first applied); but if the wound is already suppurating, the Radialis and Ulnaris are to be ligated above the wrist. If, notwithstanding, secondary hemorrhage makes its appearance, ligation within the wound is to take place under every circumstance. Hemorrhage may be temporarily arrested, in those cases in which immediate ligation is not possible or practicable, by enveloping a round, flat stone in a handkerchief, placing the same in the palm of the hand and tightly tying the ends around the Dorsum; or, by forcibly flexing the wrist and elbow-joint and rendering the arm immovable by applying a bandage (Adelmann's method).

When the muscles or tendons have been severed transversely, the ends are to be stitched together and a bandage applied in such a way that the injured muscle is shortened as much as possible. The limb is to be rendered immovable with splints. For this reason, in injuries of the extensor tendons, the hand or limb is to be bandaged in a position of maximal extension; and in those of the flexor tendons in a position of maximal flexion. It is best to keep the fingers flexed by placing a glove upon the hand and stitching the tips of the fingers of the glove

to the Volar surface of the hand, or by applying strips of adhesive plaster in such a way as will accomplish the same result.

**Peritonitis. Inflammation of the Peritoneum.** In acute cases, a rigid diet is to be prescribed. Opium is to be given internally. If there are intense pains, cold applications are to be made to the abdomen. When there is severe meteorism, a long drainage-tube or a stomach-tube is to be introduced as high as possible into the Sigmoid flexure. If this does not afford relief, Ether is to be sprayed upon the abdomen or the following is to be administered internally:

Rx 1232	Calomel. lævigat.,	gr. xv.
	Sacch. alb.,	5 ss.
	M. f. pulv. div. in dos. æqu. No. 6.	
	S. 1 powder 3 times, daily.	

Faradisation of the intestines is often followed with good results. As an extreme measure, the intestines may be punctured with a fine trochar, if necessary in different places. When there is a purulent exudate, the abdomen is to be opened by incising the separate layers of the abdominal cavity. The abdomen is to be drained and thoroughly and repeatedly washed out with a warm 1 to 1000 Salicylic-Acid or Thymol solution.

**Occlusio Intestini. Ileus. Occlusion of the Intestines.** In most cases, it is advisable to give Opium in large doses.

A careful examination of the Rectum is to be invariably made. If the hindrance is found in this region, it is to be removed, if possible, at once, if not, after establishing an Anus Præternaturalis. If no obstruction is found in the Rectum, large enemata (Hegar's irrigations) are to be administered. If invagination exists and the Intussusceptum (the invaginated segment) is palpable in the Rectum, an attempt is to be made to replace the same with a flexible Œsophageal sound at the end of which a sponge has been fastened. If all of these procedures fail, a Laparotomy or a Laparo-enterotomy is to be performed.

**Hernia.** A free Reducible Hernia is to be held in place by wearing a suitable truss. The French truss having a fixed



pelotte is best. If a truss is not well borne by the patient, also in Incarcerated Hernia, a radical operation is to be performed. In Strangulated Hernia, Taxis is to be first tried; if this fails, a Herniotomy is to be performed as soon as possible.

**Wounds of the Abdomen.** If only the Peritoneum and none of the viscera have been injured, the various layers are to be separately sutured. For the deep stitches, silver sutures are to be employed, and for the superficial, silk. If the Omentum protrudes (providing the injury is recent), it is to be washed with a 1 to a 1000 Salicylic-Acid solution and then replaced or stitched to the wound. If, however, it is already livid, cold or even gangrenous, it is to be left protruding from the abdominal cavity and antiseptically dressed. Prolapsed intestines in fresh injuries, after having been thoroughly washed, are to be invariably replaced (by enlarging the wound, if necessary). If the intestine has already become dry, the edges of the wound are to be stitched to the skin and the intestine held in place with a loop of string drawn through the Mesentery and fastened to the outer abdominal wall with a piece of adhesive strip. If the prolapsed intestine has become gangrenous, a resection is to be performed and the ends of the intestine either stitched together or an Anus Præternaturalis established.

Wounds of the stomach are to be sutured and the organ, which in most cases is prolapsed, replaced. Intestinal wounds, likewise, are to be stitched whenever possible. In large wounds, in multiple perforations, and also when there has been a loss of substance, a resection is indicated. In injuries of the liver, hemorrhage is to be arrested by compression with a sponge, afterward, the wound is to be sutured. Prolapsed portions of the liver are only to be replaced when they are uninjured and when this can be done with ease.

Wounds of the spleen (providing they are clean and the whole tissue has not been pierced) are to be sutured. A prolapsed spleen, if uninjured, is to be restored to its former site.

If the large vessels of the spleen have been injured and it is impossible to arrest the hemorrhage, or if the spleen has been prolapsed and has been pathologically changed, the organ is to be removed.

**Corpus Alienum in Intestinis. Foreign Bodies in the Intestinal Canal.** An emetic is only to be given when the body has just been swallowed and when there is danger of the same swelling to such a size that occlusion of the intestine is to be feared. In all other cases, food is to be given that will cause a bulky stool (dried fruit, cabbage, graham or rye bread, etc.). The best treatment is a potato diet, the patient receiving for several days, almost exclusively, dishes prepared from potatoes and as small quantities of fluid as possible (Salzer, Jr.). When the foreign bodies are sharp pointed, the patient is to be confined to his bed. If the foreign body has been in the intestinal tract for a long time, or if inflammatory symptoms develop, suppuration is to be promoted by the application of moist, warm compresses, and as soon as fluctuation becomes perceptible an incision is to be made. Otherwise, the treatment is to be expectative until symptoms of intestinal occlusion and chronic or unendurable disorders indicate the necessity of the removal of the foreign body through operative interference. When a foreign body is lodged in the Rectum it is to be removed by means of enemata, with the finger, or, according to its form, by the various other methods, such as introduction of the whole hand into the Rectum while the patient is under the influence of an anæsthetic, or after a Sphincterotomy.

**Prolapsus Recti. Prolapsus of the Rectum.** In some cases, a causal treatment will suffice (removal of an intestinal catarrh, stones of the bladder, stricture of the urethra, etc.). After every defecation, the intestine is to be replaced; care is to be taken to secure a regular stool. The application of cold or astringent compresses is usually followed by decided relief. If the Prolapsus has been occasioned by reason of a want of tone of the tissues, cauterizing the mucous membrane with Nitrate of Silver or the actual cautery is advisable.

The Rectum is to be prevented from prolapsing while walking or standing by a suitable retentive bandage. If the condition of the patient becomes alarming through the intense pain and hemorrhages which may be occasioned, an operative treatment is to be resorted to. The prolapsed folds are to be cauterized, with a Paquelin cautery heated to white heat, until they



have been completely charred. In other cases, the prolapsed portion is to be excised or ligated with an elastic ligature.

**Stricture Recti. Narrowing of the Rectum.** Blunt dilatation with the finger is advisable. If this is not possible, gradual dilatation is to be effected by the introduction of rectal sounds and bougies of a constantly increasing size. At first, they are to be allowed to remain in situ for only a short while, but afterward for longer intervals. A Colotomy may be necessary in extreme cases.

**Proctitis Catarrhalis. Catarrh of the Rectum.** A rigid diet is to be prescribed; patient is to rest in bed upon his side. Enemata of boiled demulcent preparations, to which some Opium may be added, are to be given. Later, these are to be replaced with disinfectant and astringent enemata. If the catarrh is due to the presence of thread-worms (*Oxyuris Vermicularis*), a 1 to a 1000 cold solution of Corrosive Sublimate is to be injected into the intestine or suppositories are to be inserted.

In Gonorrheal infection Zinc. Sulph., etc., are to be injected per enemata.

**Noduli Hæmorrhoidales. Piles.** The diet is to be carefully regulated. Spices and strong alcoholics are to be avoided. Attention is to be paid to secure a regular stool. Whenever the external nodules become inflamed, rest and moderately cold compresses are advisable. When there is severe pain, leeches are to be applied in the vicinity of the nodules. If the internal nodules prolapse and become constricted, they are to be replaced—an injection of Morphia, if necessary, being first given. If the nodules, however, are highly inflamed, they are not to be replaced, but ice-compresses or leeches are to be applied. For severe tenesmus, the following is to be employed:

℞ 1233 Extr. Opii, gr. iij.  
But. Cacao., q. s. ut f. supp. No. 6.  
S. 1 suppository is to be inserted morning and evening.

When gangrene sets in, warm compresses are to be applied to assist sloughing.

When it is desired to radically remove the nodules, they are to be seized with Langenbeek's flat-clamp forceps and burnt away with the Paquelin cautery or the nodules are to be ligated with an elastic ligature.

**Carcinoma Recti. Cancer of the Rectum.** The growth is to be removed by an operation. A resection is to be made and the end of the intestine stitched to the Anal Region. Cancerous growths which extend high into the Rectum may be removed by resecting the Sacrum (Craske's operation modified by Hochenegg), which gives free access to the involved parts.

**Epididymitis. Inflammation of the Epididymis.** Rest in bed is advisable. The Scrotum is to be supported by placing a small soft pillow between the legs. Cold compresses are to be applied.

When the exudate is large, a puncture or even an incision is to be made. After cessation of the fever and disappearance of the swelling, the patient may leave his bed but must wear a well-fitting suspensory for several weeks.

**Hydrocele.** Puncture is a palliative procedure. The Scrotum is encircled with the left hand and with the right a trochar is thrust into its anterior surface, care being taken to avoid the veins. Only as much fluid is to be removed as will flow through the canula under moderate pressure. Iodoform gauze and adhesive plaster are placed over the seat of puncture. A radical cure may be effected by making an incision of sufficient size and stitching the sheath (Tunica Vaginalis) and testis together. The cavity is to be tamponed with Iodoform gauze or painted with Tincture of Iodine. An antiseptic dressing is to be applied. The sack may also be punctured (with a perforated trochar having no outer canula) and injected with Tincture of Iodine, which after a lapse of 5 minutes is allowed to flow out. It is advisable to anaesthetize the sack of the Hydrocele with an injection of a 1-per-cent solution of Cocaine before injecting the Tincture of Iodine.

**Varicocele and Varicose Veins.** A regular stool is to be obtained each day. Extreme moderation is to be practised in

sexual indulgence. The Scrotum is to be frequently bathed with cold water or diluted alcohol. A suspensory is to be worn.

A radical cure may be effected through the performance of an operation by ligating the veins. (Not to be performed however unless there are facilities for perfect asepsis.)

**Cystitis. Catarrh of the Bladder.** In acute cases, rest in bed is to be prescribed as is also non-irritating food. In fever, the diet is to be restricted. The following is frequently employed, internally:

℞ 1234	Decoct. semin. Lin (e 20:300)	℥ x.
	Tinct. Opii simpl.,	gtt. x.
	Syr. Diacodii,	℥ v.
	S. A tablespoonful is to be taken at a time.	

For allaying irritation, a subcutaneous injection of Morphia or a small enema to which 20 drops of Tincture of Opium have been added will be found more effective. If the bladder is filled and on account of the irritation of the Sphincters, the urine can not be voided, catheterization with either soft or metallic catheters must be resorted to. Warm compresses are to be applied to the Perineum or warm sitz-baths taken.

When the Cystitis has been caused by Cantharides, the following is to be prescribed:

℞ 1234 (a)	Emulsion. oleos.,	℥ vj.
	Camphor. ras.,	gr. xv.
	Mucil. gumm. Arab.,	℥ iiss.
	Tinct. Opii simpl.,	gtt. x.
	M. f. emulsio.	
	S. 1 teaspoonful every half hour.	

In Chronic Catarrh of the Bladder, the causative Lithiasis or stricture of the Urethra is to be treated in whatever manner may be indicated. Stimulating beverages are to be prohibited, especially coffee, tea, and beer (claret in very small quantities may, however, be allowed). Milk is to be taken freely. Precaution is to be taken not to contract a cold. Warm baths are advisable. The mineral-waters of Ems, Wildungen, Vichy,

Preblau, etc. are very beneficial. In mild cases, internal medication with such remedies as the following is indicated:

℞ 1235 Inf. fol. urs., (e 10:200),                   ℥ vj.  
           Syr. capillor. Veneris.,                   ℥ v.  
           S. 1 tablespoonful every 2 hours.

Washing out the bladder with the following may also be tried.:

℞ 1236 Argent. nitric.,                   gr. x. to xv. or ℥j.  
           Aqu. dest.,                   ℥ xxxij.  
           S. For washing out the bladder.

For this purpose, it is best to employ a Nelaton catheter to which a T-shaped canula is attached, the one arm of which communicates with an irrigator containing the solution for washing out the bladder and the other with a vessel into which the fluid flows after having passed through the bladder.

Whenever paralysis of the bladder develops, the urine is to be withdrawn at regular intervals with a catheter.

**Hæmaturia Vesicalis. Hemorrhage of the Bladder.**  
 Rest is indicated. An ice-bag or Leiter's metallic coil is to be placed over the Symphysis. Cold enemata or even cold sitz-baths are advisable. Internally the following:

℞ 1236 (a) Extr. Secal. cornut, (i.e. Ergot),   ℥ iss.  
           Aqu. Cinnamon.,                   ℥ iiiss.  
           Syr. Cinnamon.,                   ℥ j.  
           S. 1 tablespoonful, hourly.

If the hemorrhage continues for a longer time, the following solution is to be injected into the bladder:

℞ 1236 (b) Argent. nitric.,                   gr. xv. to xxx. or ℥j.  
           Aqu. dest.,                   ℥ xxxvj.  
           S. For injections.

**Prostatitis. Inflammation of the Prostate.** In acute inflammation, rest in bed is to be observed. A rigid diet is to be prescribed; care should be taken that there is a sufficient, regular, and soft stool. Warm sitz-baths and cataplasma placed upon

the Vesical Region are advisable. When there is severe pain suppositories containing Morphia are to be prescribed.

When there is retention of urine, the bladder is to be catheterized (if necessary under the influence of an anæsthetic)

Whenever there is evidence of suppuration, the abscess is to be opened.

In Chronic Prostatitis and Prostatorrhœa, the cause is to be ascertained and relieved if possible (Chronic Gonorrhœa, Stricture, etc.) Excesses in *Venere* are to be avoided. Injections of a 1-per-cent Nitrate-of-Silver solution are to be made into the prostatic portion of the Urethra with Garreau's Sonde à piston, pressure being made simultaneously from the Rectum with the finger upon the upper portion of the Prostate.

In the place of the Nitrate-of-Silver solution, the following may be employed:

℞ 1237	Iod. pur.,	gr. iss.
	Kal. iodat.,	gr. vi.
	Aqu. dest.,	3 iiss.
	S. For injection.	

The reaction resulting from this form of treatment is to be treated as an acute Prostatitis. If deemed necessary the injection is to be repeated after the lapse of 8 days.

**Hypertrophia Prostatæ.** The bladder is to be regularly catheterized by the patient with an elastic catheter which must be kept absolutely clean. In acute retention of the urine, the bladder is to be first catheterized with an elastic catheter, then English or metallic catheters of various sizes are to be tried. If all these fail, the bladder is to be incised.

**Injuries of the Urethra.** In contusions, a catheter is to be at once inserted and fastened to the Penis with adhesive plaster. It is to remain in situ as long as required. In ruptures or incised wounds of the Urethra, an external Urethrotomy is to be performed—the incision extending as far as the healthy portions of the Urethra. A catheter is to be inserted and allowed to remain in the Urethra as long as it may be indicated.

**Phimosis. Narrowing of the Foreskin.** In Phimosis of a mild grade, especially in children, it will often suffice to simply draw backward the prepuce over the Glans—the ring being sufficiently stretched in this way. In all other cases, an operation is advisable. The dorsal incision is preferable. One of the blades of a pair of seissors or a grooved director, in the groove of which rests a pointed bistoury, is inserted beneath the dorsal layer of the Prepuce as far as the Sulcus Cornarius and the Prepuce cut through for its entire length.

The inner layer (mucous membrane—which remains for the most part at the level of the incision while the skin retracts beyond the Corona) is further incised from its angle to the angle of the external layer by a straight or two divergent cuts. The internal and external folds are then stitched to each other. If the prepuce is very much elongated and hypertrophied, a circumcision is preferable. A dorsal incision is made as in the previously mentioned operation; the prepuce is drawn forward and removed by two incisions extending from above downward (in the direction of the Frenulum) and meeting below. The two folds upon their entire circumference are then united by interrupted or continuous sutures.

**Paraphimosis.** Reposition is to be attempted by placing the tip of the thumb upon the Glans and the index and middle finger back of the preputial swelling and pressing the Glans backward while the swollen tissues are drawn forward. It will be found of great assistance to immerse the Penis in cold water while doing this. If reposition is impossible, Debridement is advisable. This is performed by drawing the skin of the Penis backward and the swollen tissues forward and incising the tensely constricted ring in one or two places.

**Injuries of the Penis.** If the organ is fractured, a catheter is to be inserted and allowed to remain in situ as long as may be necessary. To diminish the size of the exudate, it is advisable to apply wet compresses. When the extravasation has been profuse, the superencumbent tissues may be incised and the incision stitched in the Corpus Cavernosum. When there has been only a contusion of the organ, compression, cold applica-

tions, and later, rubbing the parts with spirituons liniments will suffice. Open wounds of the Penis are to be sutured whenever possible.

**Luxatio Femoris. Dislocation of the Hip-Joint.** In backward dislocations, traction is to be made with the joint in the pathognomonic position then outward rotation and abduction. If, however, the dislocation has resulted from over flexion of the thigh, strong flexion is first to be made then outward rotation and abduction. The limb is then to be placed parallel to the other extremity.

In forward and downward dislocations, the thigh is to be flexed at a right angle and slight traction made upon the extremity after which (while inward rotation and abduction is taking place) the thigh is being extended.

In forward and upward dislocations, abduction is first to be made. This is to be followed by hyperextension, then inward rotation and abduction.

In old dislocations, the newly formed capsule is to be destroyed by means of rotary and lever-like movements of the extremity. When the head of the Femur has become freely movable, reduction is to be effected as in fresh luxations.

**Coxitis. Inflammation of the Hip-Joint.** A constitutional treatment is indicated. A stay in a healthy locality is advisable (see Caries Vertebrarum). In the commencement of the affection, when there is great pain, the employment of an ice-bag is often followed with great relief. As regards the rest of the treatment, the principal indication is to place the inflamed joint at rest. This may be done by narcotizing the patient and, after making extension, applying a Plaster-of-Paris or Water-Glass cast which encircles the whole Pelvis and reaches as far down upon the affected side as the small bones of the foot and as far as the knee upon the healthy side. This cast having the shape of a pair of trowsers with a long and a short leg, is to be cut open in such a way as to be easily removed and applied. In those cases in which in consequence of the strong traction upon the muscles, pain and cramps result, the form of extension and bandaging recommended by Crosby is to be employed. A



broad strip of adhesive plaster is applied to the outer side of the thigh, carried downward some distance from the foot and stirrup-like around the foot and back again upon the inner side of the thigh. This strip is fastened only to the skin above the ankle and is held in place by adhesive plaster and turns of a bandage wound circularly around the limb. By placing a flat piece of wood in the loop at the bottom of the foot, a stirrup is formed. A string is passed through an opening in the centre of this stirrup, tied to the same and carried over a pulley attached to the lower end of the bed. A sack holding the weights required is attached to the loose end of the string. The extremity is to be placed in a Volkmann's foot-rest when this apparatus is employed. Counter extension is made by placing blocks of wood beneath the lower end of the bed.

**Fractura Femoris. Fracture of the Thigh.** In fracture of the neck of the Femur, above all, care is to be taken to avoid Decubitus (bed-sores) and Hypostatic Pnenmonia. The greatest cleanliness is to be observed, especially after defecation. The buttocks are to be frequently washed and the tissue about the Trochanters and the Sacrum kept under constant observation. When Decubitus occurs, ointment and plasters are to be applied and soft cushions or a water-bolster placed under the patient. From the commencement of the second week, the patient is to frequently assume a half-sitting posture in bed, and from the beginning of the third week, from time to time, a complete sitting posture. This is easiest accomplished by using a mattress composed of two sections the one of which can be removed whenever desired. In the treatment of the fracture itself in old patients, a Cooper's cushion is to be employed. In all other cases, extension is to be made with adhesive strips and bandages.

In fracture of the Shaft of the Femur accompanied with dislocation, permanent extension is to be made with the limb in an extended position. For this purpose, strips of adhesive plaster and Volkmann's foot-rest or, what is even better, the apparatus of Dunreich is to be employed. If insufficient callus is thrown out, the fragments are to be rubbed against each other. If this fails to bring about the desired result, two wedges made of lay-



ers of compresses with their bases resting against the fracture are to be fastened above and below the seat of the fracture with circular bands of adhesive plaster. The extremity is then to be tightly bandaged, commencing at the toe and extending some distance beyond the wedges. The bandage is to remain in place for several days. If callus is thrown out, a Plaster-of-Paris cast is to be applied. If Pseudarthrosis (false-joints—ligamentous union) results after a fracture, the connective tissue between the fragments is to be broken under the influence of an anæsthetic. If this proves futile, the fragments are to be exposed and ivory fixation pins driven into the same. If this latter procedure fails, the fragments are to be resected and united with sutures.

**Fractura Patellæ. Fracture of the Knee-Cap.** Massage is to be employed for the purpose of removing the extravasation. In transverse fracture of the Patella, the extremity is to be kept in a favorable position by placing the patient in an upright sitting posture. With the hip-joint flexed at a right angle and the knee-joint fully extended, strips of adhesive plaster are to be wound around the knee in such a way that the upper turns produce downward pressure upon the fragment and the lower turns upward pressure upon the lower fragment. If the patient is unable to sit upright for a longer time, he may assume a half-sitting posture with the leg propped from below. In longitudinal or stellate fractures of the Patella, a retentive bandage is to be applied with the leg in an extended position.

**Fractura Cruris: Fracture of the Leg.** If there is no pronounced dislocation or if the dislocation can be easily and permanently relieved, a Plaster-of-Paris cast is to be applied while the assistant makes traction upon the heel with one hand and with the other upon the toes, presses the foot upward (for the purpose of avoiding an extended position of the foot). If there is severe swelling, the patient is to rest for several days in bed before the cast is applied during which time the extremity is to be placed in a fracture-box or well-padded splints extending above the knee. The limb is also to be elevated in such a way that the heel is higher than the knee. In some cases of fracture of both bones, a tenotomy of the *Tendo-Achil-*

les is advisable to overcome or counteract the dislocation produced. In Pseudarthrosis of the Tibia, the same treatment is indicated as in Pseudarthrosis of the thigh.

**Caries Genu. Fungous Inflammation of the Knee-Joint.** A tonic constitutional treatment is generally indicated. In children, the affection is to be treated expectatively. Contractures are to be prevented through the application of Plaster-of-Paris bandages or by making permanent extension. In adults, in most cases, amputation of the thigh is advisable.

**Caries of the Bone of the Foot.** In children, a hygienic or expectative treatment is advisable. In adults, if only one of the small bones is involved, Evidement is indicated. If the ankle or other large joints are involved, an amputation of the leg is the proper procedure.

**Hallux Valgus.** In mild cases, orthopædic straightening with a sandal having a flexible steel rod on its inner side, which, upon being attached to the large toe, draws the same inward (i.e. toward the medium line of the body) through its own elasticity, will suffice. In all other cases, resection of the Metatarsophalangeal joint is advisable.

**Unguis Incarnatus. Ingrowing Toe-Nail.** Under the influence of anæsthesia, produced by Cocaine, one blade of a pair of scissors is forced underneath the deceased nail beyond the quick, whereupon the nail is cut through. Then an incision, connecting the ends of the cut made with the scissors, is made around and through the swollen parts. The deceased portion of the nail is now seized and removed with a pair of strong sliding forceps. The resulting wound is dressed antiseptically and compressed with strips wound circularly around the toe.

**Poliomyelitis Anterior Acuta. Spinal Infantile Paralysis.** Spirituous liniments, cold douching of the affected extremity and applications of Priessnitz's compresses upon the Spinal Column are advisable. Weak currents of electricity are to be frequently employed; later, splints are to be applied to avoid the development of contractures. When indicated, a retentive apparatus is to be worn, or a surgical procedure resorted to.

**Ulcus Cruris. Leg-Ulcer.** As a prophylactic procedure, in individuals who have Varices, a flannel or Martin's bandage is to be permanently worn. It is to be applied in bed before arising, and removed in the evening. It should be placed in water over-night. When an ulcer is already present, rest in bed is advisable. The ulcer is to be covered with a salve, similar to the following:

Rx 1238	Argent. nitric.,	gr. xv.
	Ungu. simpl.,	℥ iij.
	S. Salve.	

Or an antiseptic dressing is to be applied. In stubborn cases, deep incisions running parallel to the border of the ulcer and penetrating the Fascia are to be made in the surrounding tissue; or skin-grafting after the method of Thiersch is to be resorted to. Compression made with adhesive strips wound spirally around the extremity is often followed with excellent results.

**Aneurysma of the Femoral Artery.** The afferent artery may be compressed with the finger, several assistants taking turns, or permanent compression may be effected by means of a pad fastened to a wooden splint or a pole rounded at the end which is suspended from the ceiling or a bar across the bed. In aneurysma in the Popliteal region, compression may be brought about by forcibly flexing the knee-joint and then bandaging tightly the flexed extremity, or through the employment of Esmarch's elastic bandage. The latter is wound moderately tight around the extremity, and during the commencement allowed to remain in place from three to five minutes, and later, for longer intervals. If these procedures fail, either the afferent vessel is to be ligated or the method of Antyllus is to be employed—that is, the artery is to be ligated above and below the aneurysma; after which, the sack is to be incised, the coagula removed, tampons inserted into the sack, and an accurately-fitting compressive dressing applied. In small aneurysmæ, the sack may be extirpated, after which, the resulting wound is to be sutured.



# SURGICAL DISEASES

FROM THE  
CLINIC AND AMBULATORIUM

OF THE LATE HOFRATH

Prof. THEODOR BILLROTH, M.D.,

AND HIS OLDEST PUPIL AND SUCCESSOR

Prof. CARL GUSSENBAUER, M.D.

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## PRODUCTION OF ANÆSTHESIA.

(a) **General Anæsthesia.** When it is desired to anæsthetize a patient for the purpose of performing an operation of greater magnitude or to completely relax the muscles, the patient is to be narcotized with the following (Billroth's Mixture):

Rx 1239	Chloroform.,	℥ v.
	Ether. sulph.,	
	Alcohol. absol.,	āā ℥ iss.
	S. For anæsthesia.	

A sufficient amount of this mixture is poured from a graduated flask (fastened for convenience around the shoulders of the assistant by a narrow strap and having a stopper with a small perforation through the centre) upon a Skinner-Esmarch inhaler, recently modified to great advantage by von Rosthorn. In the commencement, the inhaler is to be held some distance from the nose and mouth; afterward, it is to be brought gradually closer. The patient must not partake of food for several hours before narcotization. During the administration of the anæsthetic, a horizontal position with the head slightly elevated is to be assumed. Tight garments are to be either loosened or removed. The anterior portion of the thorax is to be exposed to view. False teeth must be removed before the anæsthetic is given.

The person giving the anæsthetic and also, if possible, an assistant, are to carefully watch the breathing, the pulse, and the pupils of the patient. If the tongue of the patient sinks backward and through pressure upon the Epiglottis interferes with respiration, it is to be drawn forward by the Esmarch-Heiberg method: the thumbs having been placed under the chin and the second phalanges of the index fingers against the ascending Ramus of the lower jaw, the lower jaw is drawn forcibly forward. If this does not suffice, the tongue must be drawn forward with the tongue forceps, the upper and lower row of teeth, if necessary, being separated with Heister's Speculum.

Mucus collecting in the Pharynx or Aditus Laryngis, is to be removed with a sponge or piece of absorbent cotton, held in a pair of heavy polyp-forceps or a curved sponge-holder. If, notwithstanding the employment of these procedures, respiration remains suspended, the head of the patient must be lowered and artificial respiration resorted to. The Sylvester method is the best: The arms, flexed in the elbow-joint, are alternately raised upward over the head and then again lowered and pressed forcibly against the chest. The Phrenic Nerve, likewise, may be subjected to faradisation or the body douched with cold water. When the obstruction to respiration is believed to lie in the Larynx (accumulation of mucus or blood), either a laryngeal catheter is to be inserted or a Tracheotomy is to be performed. Spasm of the Glottis in most cases disappears during narcosis. If the patient vomits, his head is to be turned toward the left and a little forward. After vomiting has ceased, the mouth is to be cleansed. In valvular lesions of the heart and Fatty-heart, narcosis is not to take place.

In small operations, Brom-Ethyl (preparation of Merk) is now frequently employed. In adults, 20 to 30 grams (drams 5 to 10) poured upon a compress, or what is better, upon Gleich's inhaler, will suffice to render painful procedures, such as incisions in phlegmonous processes, entirely painless.

The great advantage of this form of narcosis is that it is entirely devoid of danger—anæsthesia being quickly produced without nausea or vomiting during its administration. A child is rendered insensible in half a minute with 10 grams (drams

2½); an adult in one minute with 20 grams (drams 5); and at the extreme (drunkards), in two minutes.

Vomiting has been noticed very rarely; lesions of the heart are not contra-indications.

(b) **Production of Local Anæsthesia.** In minor operations, Richardson's Spray is often employed, for the production of local anæsthesia. The following is used in the same:

R 1240 Hydramylæther,                      ℥ iij.  
S. Externally.

With this preparation, the flask of the Richardson Apparatus is filled. The ether is blown in a fine spray upon the area to be operated upon which is rendered anæsthetic by the ensuing cold. Cocaine is of much greater value and is now frequently employed in minor operations, according to the method of Woelfler and Landerer, or in those cases in which Chloroform narcosis is contra-indicated:

℞ 1241 Cocain. muriat., gr. viiss.  
 Aqu. dest., 3 iiss.  
 Mercur. sublim. corrosiv., gr. 1/70.  
 S. For subcutaneous injections.

Of this solution, several drops are injected with a hypodermic syringe in different places of the field to be operated upon. In all, one gram (15 minims), sometimes as much as 2 grams ( $\frac{1}{2}$  dram) are injected. After a lapse of about 5 minutes, the operation is to be commenced. If the skin is infiltrated and inflamed, the injections are to be made into the healthy adjoining tissue, the needle being pushed subcutaneously forward in the direction of the inflamed area.

## ANTISEPTIC TREATMENT OF WOUNDS.\*

1. **Cleansing and Disinfection of the Hands.** Previous to every operation or every manipulation about a wound, the hands, if possible, ~~also~~ the forearms of the physician are to be thoroughly cleansed with soap and brush. Ink-stains are to be removed with Oxalic Acid; the nails are to be cleansed with the pointed end of a nail-file (the file is to be kept in a 20-per-cent Carbolic-Acid solution of glycerine), after which the hands are to be washed first with alcohol then with a 1/10-per-cent solution of Corrosive Sublimate or even a  $2\frac{1}{2}$ -per-cent solution of Carbolic Acid. If the hands have been previously in contact with suppurating or other easily infecting wounds (Erysipelas); or with secretions and excretions (a thing which from habit should be avoided), before an operation is undertaken, they are to be washed in a dark-violet solution of the Permanganate of Potash after having first been cleansed with soap and brush. The brown stains caused by the action of the Permanganate upon the skin of the hands are to be removed by pouring a solution of Oxalic Acid over the same, after which the hands are to be again disinfected in the manner stated above.

2. **Preparation of the Field to be Operated Upon.** Previous to every capital operation, the whole body of the patient should be thoroughly cleansed by means of a bath. The area to be operated upon is to be thoroughly washed with soap and brush immediately before the operation (the brush is to be kept thoroughly clean in a 1/10-per-cent solution of Corrosive Sublimate). All hair upon the field of operation is to be shaven away. If the skin is covered with oily matter, it is to be cleansed with Ether Sulph. After the area to be operated upon has been cleansed, it is to be bathed with alcohol and finally washed by means of an irrigator with a Corrosive Sublimate (1:4000) solution. Clean sterilized compresses, saturated in a 1/10-per-cent solution of Corrosive Sublimate, are to be placed around the area to be operated upon.

\*These directions for the antiseptic treatment of wounds are taken in part from the work of Dr. Victor Von Hacker, entitled "Anleitung zur antiseptischen Wundbehandlung nach der an Prof. Billroth Klinik "Gebranchlichen Methode."



3. **The Instruments** are to be carefully washed with soap, water, and a stiff brush after every operation. Before and during an operation, they must be thrust into boiling water\*, then in a 1-per-cent solution of Carbolic Acid from which they are handed directly to the operator.

4. **Sponges**, after having been thoroughly beaten, are disinfected in a solution of the Permanganate of Potash, bleached with Oxalic Acid, washed for several successive days in water, and kept in a 5-per-cent solution of Carbolic Acid. During late years, sponges are employed but very little, the so-called Gersuny compresses being used in their place. Square compresses of the desired size consisting of 8 layers of gauze (the borders of which are folded in before being stitched) are sewed together with wide stitches—or the gauze is used in a loose, fluffy state. These are either sterilized in a dry sterilizer (2 hours at a temperature of  $302^{\circ}$  F.) or in a steam sterilizer. During an operation, they are either used in a dry state (abdominal cavity) or are handed to the operator from a 1/1000 Corrosive-Sublimate solution. In minor operations, small sponges made of gauze filled with absorbent cotton and kept in a 1/1000 Corrosive-Sublimate solution are used.

5. **The Silk** employed for ligatures and sutures is boiled for an hour in hydrant-water or a 1-per-cent Soda solution and stored away in a 1/1000 Corrosive-Sublimate solution. Before an operation it is boiled again for from 1 to 2 hours and handed to the operator from a Carbolic-Acid solution. The catgut is soaped with soft soap and briskly rubbed with a piece of gauze, after which particles of soap and fat are removed with Ether, whereupon it is sterilized in a dry sterilizer at a temperature of  $325^{\circ}$  F. for an hour. It is then placed in a watery solution of Corrosive Sublimate (2/1000) in which it is allowed to remain according to its thickness for from 2 to 4 days. The solution must be changed frequently on account of the precipitation of albuminous matter. For the purpose of hardening the catgut it is to be placed in a solution of 2/1000 alcohol and 100 Glycerine. This serves also as a solution in

\*Instruments are sterilized in the clinic of Prof. Gussenbauer by boiling them in a 1-per-cent Soda solution in a Papin-kettle.

which it may be permanently kept. During an operation, the catgut is placed in a vessel containing the same solution.

6. **Needles**, rivets, clamps, silver wire, and safety-pins are boiled or subjected to heat.

7. **The Drainage-Tubes** are washed with soap and brush after which they are syringed with water or cleansed with Ether. They are kept in a 1 to 1000 Sublimate solution which is changed after the first 24 hours and thereafter renewed every 14 days. Before a drainage-tube is inserted into the wound, holes are cut in its sides. The drainage-tubes are cut obliquely at their ends. After being introduced they are to be pierced close to the outer end with a disinfected safety-pin.

8. **Treatment of the Wound Previous to the Application of the Dressings.** Hemorrhage must be entirely arrested and ligation of even the smaller bleeding vessels must take place. The wound, especially all angles and pockets is to be thoroughly irrigated with a 1/10 per-cent solution of Corrosive Sublimate (in accidental injuries with a 5-per-cent solution of Carbolic Acid). Then sponging is to take place, followed by thorough drainage, flushing of the drainage-tubes and whenever possible, sutures.

9. **Dressings.** Sublimate gauze is placed immediately upon the sutured wound. Wounds which have not been sutured are to be loosely filled with strips of Iodoform gauze, care being taken to insert the same into all pockets. Upon this, 2 to 4 layers of Iodoform gauze are placed. Iodoform woolen yarn (Iodoform Docht—for its preparation see index) has been employed for filling out cavities. Over the Iodoform gauze a fluffy layer and a smooth layer of Corrosive-Sublimate gauze are placed. A cushion, filled with sterilized wood fibre is placed over this dressing and the whole bandaged with a cotton roller. The dressings are changed every 3 to 8 days as the case may demand. Other forms of dressing (with salves, with Liquor Subacetatis, etc.) will be spoken of further on in connection with special diseases.

The following preparations are required for the antiseptic treatment of wounds:

R. 1242

Acid. carbol. pur.,    5 xiiss.  
 Aqu. dest.,            3 xxxij.  
 S. 5-per-cent Carbolic Acid  
 solution.

R 1244

Acid. carbolic. Anglie.	
pur.,	3 iiss.
Aqu. dest.,	3 xxxij.
S. 1-per-cent Carbolic Acid	
solution.	

Rx 1243

Acid. carbolic. Anglic.	
pur.,	5 6¼.
Aqu. dest.,	3 xxxii.
S. 2½-per-cent Carbolic Acid solution.	

Rx 1245

Mercur. sublim. 'corr., g. xv.  
Acid. tartaric., gr. lxxv.  
Aqu. dest., ℥ xxxij.  
S. 1/10-of-1-per-cent Subli-  
mate solution.

℞ 1246	Mercur. sublim. corrosiv.,	gr viiss.
	Acid. tartaric.	ʒ ij.
	Aqu. dest.,	ʒ xlviij.
	S. 1:3000 Sublimate solution.	

For the disinfection of the hands:

R 1247 Kal. hypermangan. cryst., 3 ss.  
S. 1 or 2 crystals are to be dissolved in the basin  
in which the hands are washed.

℞ 1248 Acid. Oxalic. cryst.,  
 Aqu. font., āā ʒ xxxij.  
 S. For washing the hands.

For the purpose of cleaning patient (when deemed necessary):

R̄ 1249 Ether. sulph.,                      ℥ iij.  
S. Externally.

Metallic catheters, uterus sounds, as well as silver sutures, which are used during an operation are kept in the following solution:

- ℞ 1250    Acid. carbolic. Anglic. pur.,        3 parts.  
               Glycerin. pur.,                    20 parts.  
               S. 15-per-cent Carbolic-Glycerine solution.

For washing out the Peritoneal Cavity (Laparotomy) and the Thorax (Empyema), the following solutions are employed instead of Carbolic-Acid solutions which are not to be used on account of the danger of intoxication:

- |                        |          |   |
|------------------------|----------|---|
| ℞ 1251                 |          | ℞ 1252                                  |
| Acid. Salicylic.,      | gr. xxx. | Acid. Thymic. (Thymol), gr. xv.         |
| Aqu. dest.,*           | ℥ xxxij. | Aqu. dest.,                    ℥ xxxij. |
| S. Salicylic solution. | Or:      | S. Thymol solution.                     |

\*Sterilized water, which is always used in the clinic, is better.

Although Iodoform gauze may be procured in most of the pharmacies, it is better to have the same prepared by responsible attendants or under the control of the physician. It may be prepared either dry (by sprinkling powdered Iodoform over the gauze, which is then rubbed in with the hands until the gauze is uniformly stained yellow) or by pouring the following mixture over the same:

- ℞ 1253    Iodoform.,                    gm. 35 (1 gram = 15 grains)  
               Ether. sulph.,                gm. 230  
               Alcohol., 95%                gm. 120  
               S. For the preparation of 10 meters of Iodoform gauze. (1 meter equals 39.37 inches.)

Iodoform gauze is not now prepared with Ether but with Glycerine and Alcohol:

- ℞ 1254    Iodoform.,                    gm. 50 (1 gram = 15 grains)  
               Glycerine.,                gm. 1000  
               Alcohol.,                    gm. 400  
               S. Like the preceding.

The so-called Klebende Iodoformgaze (Adhesive Iodoform gauze) which is much employed for wounds of the mouth, is prepared with the following mixture:

R 1255	Iodoform.,	gm.	250	(1 gram = 15 grains)
	Colophon.,	gm.	100	
	Alcohol. 95%	gm.	1200	
	Glycerin.,	gm.	50	
	S. Enough to make 6 meters (1 meter equals 39.37 inches) of adhesive Iodoform gauze.			

The Iodoform Yarn (Iodoformdocht) is prepared from the ordinary cotton knitting-yarn (of stronger quality) by sterilizing bunches of the same containing from 12 to 15 strands and then impregnating these with Iodoform in the same way as the gauze.

**Arrest of Hemorrhage.** Complete arrest of hemorrhage is an important factor in the modern treatment of wounds and is absolutely necessary if healing by first intention is sought.

1. **Hemorrhage from arteries** is arrested best through ligation. The artery is isolated as much as possible from the surrounding tissue and having been grasped by a pair of artery-forceps or the Pince hemostatique of Péan, ligated with a sufficiently strong ligature of antiseptic silk (usually No. 4 or 5) by tying a tight surgical knot and upon this an ordinary knot. Arteries that have been cut into, laterly, are to be completely severed and ligated at the central and peripheral ends. Hemorrhage from small arteries may be stopped by torsion instead of ligation, the arteries being siezed with the forceps and twisted from five to six times in the direction of its longitudinal axis. If the artery retracts so deeply into the surrounding tissue that it can not be grasped, a semicircular curved needle is to be threaded and after being thrust into the surrounding tissue, the included tissue is to be ligated. Sometimes, when squirting-vessels lie very deep, it will become necessary to ligate the artery in its continuity at some place which the physician may select above the seat of the wound. At times it happens, even when the vessel has been seized in loco, that it can not be ligated. Under such circumstances, the artery-forceps may be left in situ as long as 48 hours.

2. **Venous Hemorrhage.** Large veins are ligated in the same way as arteries. Bleeding from smaller veins is readily checked by pressure.

3. **Parenchymatous and Capillary Hemorrhage.** Parenchymatous hemorrhages occurring in the extremities, after the ligation of squirting-arteries, are overcome by Theden's method of enveloping the extremities with cotton bandages. The first turn of the bandage is made at the peripheral end of the extremity in the vicinity of the Metacarpo- or Metatarso-Phalangeal articulations, the wound having been previously covered with Iodoform and sterilized gauze.

Hemorrhages from the different orifices of the body (nose, Rectum, Vagina,) are arrested by inserting tampons and strips of adhesive Iodoform gauze (vide R 1255) or Tannin-Iodoform gauze. (This is prepared in the same way as the adhesive Iodoform gauze, the only difference being that the Iodoform is mixed with an equal amount of Tannin.)

Bleeding cavities, resulting from wounds, may also be tamponed with Iodoform yarn or Tannin-Iodoform yarn. The latter is prepared by impregnating sterilized knitting-yarn with the following solution;

R 1256	Acid. Tannic.,		
	Iodoform. pulv.,	āā	gm. 5
	Colophon.,		gm. 10
	Alcohol.,		gm. 120
	Glycerine.,		gm. 5
	S. For the preparation of Tannin-Iodoform yarn.		

When there is a very profuse hemorrhage, the Penghawar-Djambi-Tampons may be employed. They are prepared by enveloping the required amount of Penghawar in pieces of Iodoform gauze and then sewing the same together. Severe bleeding from the nose is checked by the introduction of a tampon into the Posterior Nares by means of a Belloc's canula; bleeding from the Vagina by the insertion of the Colpeurynter of von Braun. Occasionally, the cautery or what is even better, the Paquelin Thermo-cautery is employed as a hæmostatic,

although both of these are used more as prophylactic agents against hemorrhage, especially the Paquelin cautery which after being heated to a cherry red is frequently employed in place of the knife in amputating extremely vascular pedicles such as the Penis, etc. The use of *Liquor Ferri Sesquichlorati*, which is still much employed by physicians as a hæmostatic, is to be discouraged on account of the greasy appearing coagulum it produces and the favorable condition thereby afforded for the development of suppurative processes. It has been entirely banished from the clinic of the late Prof. Billroth as a local hæmostatic.

Whenever acute anæmia has been produced through profuse hemorrhage, smelling agents (Ether, Ammonia, etc.) are to be employed; for syncope, sprays of cold water. Wine, brandy, rum, black coffee, or injections of the following are to be employed when indicated:

℞ 1257 Ether. sulph.,

℥ ss.

S. 1 to 2 hypodermic-syringe-fuls are to be injected.

Enveloping the extremities in warm cloths will frequently be found of great benefit. Whenever Anemia of the brain is threatened, the head of the patient is to be lowered and the extremities wrapped with elastic bandages. After the patient has recovered from his attack, the bandages are to be gradually loosened and removed. As the last extremity, a sterilized 6/10-per-cent solution of cooking-salt, to which one drop of Sodium Hydrate has been added, may be injected in the vein of the arm.

**Vulnus Scissum. Incised Wounds.** The area about the wound is to be thoroughly cleansed, hemorrhage completely checked, and any foreign body which may be within the wound and which can be reached, extracted. The wound is to be disinfected, drained if necessary, the edges united with stitches and an Iodoform dressing (as described under Antiseptic Treatment of Wounds. See index) applied.

In wounds in which there is an extensive loss of tissue, plastic operations will be necessary. An attempt may be made to replace parts which have been completely severed from the body (tips of the fingers, nose, and ear) when asepsis is possible.

Superficial incised wounds of the face, after having been carefully united with stitches, and after bleeding has entirely ceased, instead of being covered with an Iodoform dressing are to be painted with the following.

- ℞ 1258 Iodoform., gr. xv.  
 Colodii., 3 iiss.  
 S. To be painted over and one-half of an inch  
 beyond the border of the wound.

The edges of superficial incised wounds which do not penetrate the Cutis, or of deep wounds in which the sutures have been removed may be held together with plaster—a piece of Iodoform gauze first being applied upon the wound. English plaster, the common sticking-plaster, or adhesive plaster may be used for this purpose; likewise the following:

- ℞ 1259 Emplaster. Diachyl. simpl.,  
 Emplaster. Ceruss., āā 3j.  
 M. f. enpl.  
 S. To be spread upon a piece of lincn.

When the parts can not be brought together with sutures, or when the stitches must be removed before coaptation (on account of retention of secretions), union through granulation is to be sought.

In these cases the usual Iodoform dressing, previously described, is to be likewise employed. If the wound is inflamed, the sterilized gauze, which is placed over the Iodoform gauze, is to be saturated in Burow's solution. The following is the formula for the same:

- ℞ 1260 Alum. crud., gm. 5  
 Plumb. acetic basic., gm. 25  
 Aqu. dest., gm. 500  
 Misce et filtra.  
 S. Burow's solution. Or:

- ℞ 1261 Plumb. acet. basic. sol., gm. 10  
 Spirit. Vini, gm. 25  
 Aqu. dest., gm. 500  
 S. Aqua Goulardi.



Over the saturated gauze, a piece of oiled silk is to be placed.

These moist dressings must be changed every day. Wounds which are granulating may be dressed with such salves as the following:

℞ 1262	Acid Boric.,	gr. xlv.
	Ceræ alb.,	℥ j. to iss.
	Ol. Olivar.,	℥ v.
	S. Salve.	

During the latter stages of granulation:

℞ 1263	Zinc. oxydat.,	℥ j.
	Ungu. emoll.,	℥ x.
	S. Salve.	

Less frequently employed is the Unguentum Basilieum, the formula of which is as follows:

℞ 1264	Ol. Olivar.,	℥ iss.
	Ceræ flav.	
	Seb. ovill.,	
	Colophon.	āā ℥ ss.
	Ol. Terebinthin.,	℥ iiss.
	M. f. ungu.	
	S. Salve.	

Exuberant granulations, or weak and flabby granulations which bleed easily are to be cauterized with the Nitrate of Silver in substance, and then dressed with the following:

℞ 1265	Argent. nitric.,	gr. v
	Balsam. Peruvian.,	℥ ss.
	Ungu. simpl.,	℥ j.
	S. Ointment.	

Instead of Nitrate of Silver, the following may be employed:

℞ 1266	Hydrarg. præcip. rubr.	℥ ij.
	S. To be sprinkled each day upon the surface of the wound.	

Or the wound may be lightly compressed with adhesive plaster.



tissues surrounding the wound are highly inflamed, the sterilized gauze which is placed over the Iodoform gauze is to be saturated with Burow's solution (R 1260) and a piece of oiled silk placed over the whole. When the contused wound is upon an extremity, a stiff dressing (splints) is to be applied and the limb elevated with pillows or suspended by means of a bar fastened over the bed. As regards the remaining treatment, rest in bed is indicated. Every form of strain or mental excitement is to be avoided. Care is to be taken that there is a regular stool. If necessary, Hunyadi water or the following is to be employed for the production of the same:

## R 1269

Ol. Ricini,  $\bar{3}$  ss.  
 Gelat. q. s. ut f. capsul. No. 5.  
 S. 1 capsule to be taken in  
 the morning. Or:

## R 1270

Inf. folior. Sennæ  
 (e 10:150),  $\bar{3}$  ivss.  
 Syr. simpl.,  $\bar{3}$  j.  
 S. To be taken in 2 doses.

If, notwithstanding the antiseptic treatment, high fever develops, the dressings are to be changed and the wounds closely examined to ascertain whether there is a retention of secretions and whether the drainage-tubes are free. Constricting sutures are to be severed and masses of mortifying tissue removed. If, notwithstanding, the fever persists, the bandage is to be changed either every day or every other day and if the secretions have an odor, the wound is to be irrigated with a 5-per-cent Carbolic-Acid or a 1:1000 Corrosive-Sublimate solution. Internally, refrigerant beverages, alcoholics as well as the following are to be administered for the fever:

R 1271 Quinin. muriat., gr. xxiv.  
 Natr. bicarbon.,  $\bar{3}$  ss.  
 M. f. pulv. div. in dos. æqu. No. 5.  
 S. 1 powder every 3 hours.

If there are severe pains:

## R 1272

Morph. mur., gr.  $\frac{3}{4}$ .  
 Sacch. alb., gr. ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 5.  
 S. 1 powder in the evening.

Or:

## R 1273

Opii pur., gr. vj.  
 Natr. bicarbonic.,  $\bar{3}$  ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 5.  
 S. 1 powder at night.

In very severe contusions, accompanied with mortification of the tissues, likewise in those in which cavernous formations take place, continuous irrigations with Burow's solution, solutions of Thymol or Boracic Acid is advisable.

If fistulous canals form in the wound or if the wound assumes the shape of a narrow canal, Iodoform pencils are to be inserted into these openings, but in such a way that the secretions may be discharged by their sides:

<b>Rx 1274</b>	Iodoform pulv.,	3 v.
	Gumm. Arabic.,	
	Glycerin.,	
	Amyl.,	āā 5 ss.
	M. f. bacill. div. magnit.	
	S. Iodoform pencils.	

Recently, Iodoform yarn (see index) has been used much in place of the Iodoform pencils.

When the wound is in a state of granulation it is to be dressed with salves (vide *Vulnus Scissum*, page 359).

**Vulnus Punctum. Puncture Wounds.** The treatment is the same as in incised wounds.

**Vulnus Lacerum. Lacerated Wounds.** Clean lacerated wounds are to be treated according to the antiseptic rules, previously mentioned. Unclean wounds are to be first cleansed or converted into clean wounds by excision, etc., and then treated like incised wounds. Extensive lacerated wounds which are not in a perfectly clean state, are to be disinfected, only partially united and, according to the state of the wound, either drained or tamponed.

**Vulnus Morsum. Wounds Resulting From Bites.** Every wound occasioned from biting must be treated as though it were an unclean wound. Bites of the domestic animals (birds, cats, etc.), but especially of the dog, require great care in their treatment.

A bite from a mad dog or one believed to be mad, after thorough disinfection with a Corrosive-Sublimate solution, is to be cauterized with either Caustic Potash, Nitric Acid, or what is

perhaps better (under the influence of an anæsthetic), with the actual cautery.

A bite from a horse, if not accompanied with extensive laceration, is to be looked upon and treated like a contused wound. Snake-bites are to be immediately treated by sucking, squeezing, constricting, and cauterizing (Acetic Acid, Mineral Acids, Ammonia, Corrosive Sublimate) the area in which the bite is situated.

For the constitutional disturbances which follow a snake-bite, restoratives, stimulants (alcohol, Ether, Camphor), and the usual antidotes are to be administered. The following two, recommended by Chevalier and von Bibron, may be tried:

#### ℞ 1275\*

Liquor. arsen. Fowleri, ʒ ij.  
Tinct. Opii, gtt. x.  
Aqu. menth. pip. nunc. l. 5.  
S. Only in the hands of a  
physician.

#### ℞ 1276\*

Bromkali, ʒ v.  
Iodkali, gr. iv.  
Sublimat., gr. ij. (?)  
S. Only in the hands of a  
physician.

[\*This prescription appears in both the old and new editions without directions. Two grains of Corrosive Sublimate is several times a fatal dose.—Metzerott.]

The bites of bees, scorpions, spiders, etc., are to be treated according to the same general rules.

**Vulnus Sclopetarium. Gun-shot Wounds.** Gun-shot wounds inflicted by small projectiles are to be antiseptically dressed, after thorough disinfection of the surroundings and the outer border of the wound has taken place (no sounding!). Gun-shot wounds resulting from larger missiles are to be treated in the same way, providing no bones have been fractured. A fracture resulting from splintering of the bone by a projectile will require an operative procedure. The latter is also indicated when fragments of the wearing apparel have gained an entrance into the wound. It is best not to extract bullets immediately, unless hemorrhage, pain (nerves), or other foreign bodies (wads, etc.) indicate the same. Bullets lodged in the brain, the thorax, and abdominal cavity are to be removed only when there are special indications.

It is best to simply apply an antiseptic dressing upon wounds resulting from small shot unless hemorrhage, etc., indicate the immediate extration of the shot.

**Virulent Wounds.** (From the virus of cadavers, rabies, Anthrax, infection with pus, etc.). These must be disinfected with Corrosive Sublimate or Carbolic Acid or cauterized.

**Fractura Ossis. Fracture of Bones.** When the fragments are dislocated, they are to be set as soon as possible and a stiff bandage (the so-called retentive bandage) applied. The fragments are to be held in the proper position during its application by two assistants. The Plaster-of-Paris bandage is the one usually employed for this purpose. It is to be applied as follows: Around the upper and lower ends of the part of the limb, which is to be placed in the cast, a strip of flannel or moist linen (the so-called compress) is wound. The section to be bandaged, as well as one-half of each compress, is then enveloped with cotton-batting—thick layers being wound about those areas in which the bone lies immediately beneath the skin (Olecranon, Condyles of the Humerus and Femur, Crista Tibiæ, Malleolæ). Over the batting a flannel or cotton bandage is wound moderately tight and over this the Plaster-of-Paris bandage is applied. The bandage is prepared by sprinkling finely powdered dry Plaster of Paris evenly upon a loosely rolled cotton roller.

Immediately before applying, the bandage is dipped for a few minutes into warm water to which a handful of powdered alum has been added. When a Plaster-of-Paris bandage is applied, absolutely no traction is to be made upon the roller. The Plaster of Paris is to be evenly spread over the different turns of the bandage with the hands and just before the last turns are being made, the free ends of the compresses are to be folded over and covered by the upper layers of the bandage. If the cast does not harden rapidly enough, a Plaster-of-Paris mixture (powdered Plaster of Paris in water) is to be spread evenly over the same.

Lighter and more elegant, but suitable only for fractures which do not tend to become dislocated, is the Water-Glass bandage:

℞ 1277 Natr. sillicic. bas. solut. bis inspissat.,  $\bar{3}$  xv. to lxx.  
S. Water-Glass.

Cotton or linen bandages are saturated with the Water-Glass and applied instead of the Plaster-of-Paris bandages.

For fractures, the healing of which takes place in a shorter time (Malleolar-fractures, fractures of the Radius, etc.) and during the latter stages of fractures of the thicker bones, the Crinoline bandages are well adapted. They are applied in a moist state like the Plaster-of-Paris bandages, but should be strengthened by placing splints of veneering or refuse bits of shoemaker's leather between the turns. A rigid rule to be observed is to examine a stiff bandage not later than twenty-four hours after its application. If it gives rise to severe pain or causes the fingers and toes to become swollen or livid or to lose their sense of feeling it is to be immediately removed. Usually, the bandage is removed and changed when it becomes too loose, under no circumstances later than three weeks. When there is a tendency to dislocation *ad longitudinem*, as is especially the case in fractures of the Neck of the Humerus or high fracture of the Femur, instead of applying a cast, permanent extension is to be made by means of adhesive-strips and Volkmann's Sliding foot-piece. Two long strips of adhesive plaster are applied to the inner and outer side of the extremity in such a way that the free ends project for several inches beyond the soles of the feet. These strips are held in place by means of strips of adhesive plaster and a bandage wound about the limb. The free ends are attached to a stirrup made from wood to which a rope is fastened which runs over a pulley attached to the lower end of the bed. At the end of this rope is a bag to carry the weights. The extremity rests upon a sliding foot-piece. Counter-extension is made by raising the lower end of the bed.

If the formation of callus is delayed or Pseudarthrosis takes place, the general nutrition is to be improved through the administration of stimulating food. A sojourn in the country may be advisable. A trial certainly should be made with Phosphorus, although better results are generally obtained from local procedures such as rubbing the ends of the fragments against each other; repeatedly painting the skin with Tincture of Iodine; application of flying blisters; the employment of the actual



cautery or compression of the extremity above the seat of fracture with several turns of a bandage. If all of these procedures fail, acupuncture-needles may be inserted into the fibrous callus and allowed to remain in situ for several days. The latter may also be connected with an electric battery, which is to be used for several minutes each day. As a last resort, the fragments are to be resected and the freshened ends stitched together.

Fractured bones which have united obliquely are to be straightened through Infraction (i. e. straightening during Narcosis) or the callus is to be completely broken (either with the hands or the apparatus of Rizzoli). If neither of these procedures is practicable, an Osteotomy is to be performed. (An incision is made until the callus is reached, after which the bone is chiseled; if necessary, a wedged-shaped piece is to be excised.)

In Compound Fractures, the surrounding tissues are to be first thoroughly cleansed, then the wound itself. The fracture is to be carefully examined by introducing a disinfected finger. It may be necessary for the purpose of cleansing and disinfection to widen the wound by making a longitudinal incision. Whatever coagula of blood, loose splinters of bone, or foreign bodies may be present are to be removed. Hemorrhage is to be completely arrested. The fragments are to be brought in apposition and drainage-tubes inserted wherever required. Counter-openings are to be made when indicated, after which the wound is to be thoroughly disinfected by introducing the nozzle of the irrigator into the drainage-tubes. An Iodoform dressing is to be placed over the wound and over this a Plaster-of-Paris bandage. An opening is to be cut into the latter, if it becomes necessary to examine the wound. Under the edges of this opening, absorbent cotton or sterilized gauze is to be inserted, after which the whole is to be covered with oiled silk.

**Distorsio. Sprain.** Immediately after the injury, massage (Effleurage) followed by enveloping the joint in wet compresses is advisable. In mild sprains, it is permissible to make active and passive movements upon the second or third day, but great care must be exercised. Only in sprains accompanied with rupture of the ligaments and capsule are the joints to be rendered immovable by the employment of retentive measures



(Plaster-of-Paris cast, Water-Glass, apparatus, etc.). Stiffness of a joint resulting from a sprain will require massage and movement of the joint. The use of indifferent thermal baths may likewise be recommended.

**Luxatio. Dislocation.** Reduction is advisable at as early a date as possible. If necessary, it is to take place during narcosis. The reduction is to be effected through manual strength alone, or with the assistance of towels, straps, etc., upon which traction is made. If the latter are employed, it is advisable to first envelope the extremity in wet cloths. After reposition, the joint is to be placed at rest. Cold or moist compresses are to be placed over the same. Active and passive movements are to be made with great care, but as early (fourth to eighth day) as possible. No exceptions are to be made to this rule, unless the dislocations are complicated.

**Combustio. Burns.** It is advisable to disinfect with solutions of Corrosive Sublimate and to apply a dry Iodoform dressing (or Dermatol). If possible, the dressing is not to be removed until the parts are healed. Burns accompanied with mortification of the skin and the deeper tissues will require a frequent change of dressing at the time of suppuration.

Upon the resulting granulations, ointments are to be applied such as the Nitrate-of-Silver salve (R 1265). When there are indications for the same, compression is to be made with strips of adhesive plaster. In small burns, the application of compresses saturated in Aqua Plumbica, Liquor Burowi, or the following will suffice:

℞ 1278 Aqu. Calcis.,  
Ol. Lin., āā ʒ iij.  
S. Pieces of linen are to be saturated in the above  
and applied to the burn.

In the mildest form of burns, starch or the following dusted over the area involved will prove grateful to the patient:

℞ 1279 Acid. Salicylic, 3 ij.  
Talc. Venet., 3 iiss.  
S. Powder.

In severe burns involving an extensive area, the water-bed of Hebra is advisable. If only one extremity is involved, it is to be placed permanently in a water-bath. If the burnt area is extensive, stimulants such as wine or hot beverages, Ether injections or the following are to be given whenever indicated:

℞ 1280 Liqu. Ammon. anisat.,           ℥ ss.  
S. 5 to 10 drops to a tablespoonful of wine.

Cicatricial contractions are to be treated with compression or massage. If these procedures do not bring about the desired result, the cicatrices are to be extirpated and a plastic operation performed.

**Congelatio. Frost-Bite.** If the circulation has been completely arrested, an attempt is to be made to restore the same by rubbing the body with snow and cold, wet towels. After this, the patient is to be placed in a cold room, the temperature of which is slowly raised. The bed is to be gradually warmed and beverages (coffee, tea, hot lemonade, in short, agents which promote diaphoresis) administered in small quantities. As little alcohol as possible is to be given.

**Frozen Extremities.** An attempt is to be made to restore the circulation of the frozen parts by briskly rubbing with snow, followed by applications of cold compresses, the temperature of which is to be gradually raised. When there is pronounced venous hyperæmia and stasis, the extremities are to be elevated and a dry dressing applied. It is advisable to dress mortifying parts with a dry antiseptic dressing. Teleangiectatic vessels, resulting from frost-bite (the nose, ears, etc.), are to be treated by applying Collodium, Tincture of Iodine or powder. They may afterward be cut and severed with the knife devised for that purpose.

**Perniones. Chilblains.** The general nutrition of the individual is to be improved as much as possible. Too tight shoes and gloves are to be avoided. Locally many remedies have been recommended such as bathing the affected areas in slacked lime, enveloping them in compresses saturated in Liqu. Burowi, and then applying wet packings until the disappearance of redness and swelling; also painting the parts with Tincture of Iodine:

R 1281

Tinctur. Iod.,  
 Tinctur. Gall.,      āā    ʒ iv.  
 S. To be applied with a brush.

R 1282

Acid. Nitric. pur.,      ʒ j.  
 Aqu. dest.,      ʒ iiss.  
 S. To be poured on pieces of  
 linen and then applied.

R 1283

Tinct. Cantharid.,      ʒ ss.  
 S. To be applied with a brush.

R 1284

Acid. Mur. pur.,      ʒ iij.  
 S. Half of the quantity is to be added to the  
 proper amount of water for a foot- or hand-bath.

R 1285

Merc. præcip. alb.,      gr. xv.  
 Ungu. simpl.,      ʒ v.  
 S. Ointment.

R 1286

Iod. pur.      gr. viiss.  
 Collod. elast.,      ʒ v.  
 S. To be applied with a brush.

Or strips of adhesive plaster may be tried. If the chilblains are excoriated, the following is to be applied:

R 1287

Zinc. oxyd.,      gr. xlv.  
 Ungu. emoll.,      ʒ v.  
 S. Ointment.      Or:

R 1288

Argent. Nitric.,      gr. viiss.  
 Ungu. simpl.,      ʒ v.  
 S. Ointment.

**Furunculus. Boils.** Moist, warm compresses are to be applied until the boil ruptures spontaneously after which the core is to be expressed or a Salicylate soap-plaster or Ungu. Basilicum (R 1264) applied; or a premature incision may be made. In Furunculus Compositus, a longitudinal or crucial incision is to be made until healthy tissue is reached, after which an Iodoform dressing is to be applied, and over this sterilized gauze saturated in Liqu. Plumbi Sub-acetat (see R 1260). Oiled silk should be applied over the whole.

In General Furunculosis, nutritious food, Iron, Quinine, and warm baths are to be prescribed. A change of climate is advisable, likewise the drinking of mineral waters containing Arsenic. The possibility of Diabetes is always to be borne in mind, which if present, is to be treated.

**Anthrax. Carbuncle. Malignant Pustule.** Deep incisions, piercing the Cutis until healthy tissue is reached are to be made. They are to be either crucial (+), in the form of bars (#), or stellate (\*).

The resulting wound is to be disinfected with a 5-per-cent Carbolic-Acid solution or a 1/1000 solution of Corrosive Sublimate. Strips of Iodoform gauze are then to be inserted. Sterilized gauze saturated in Burow's solution (R 1260) or a 2-per-cent solution of Carbolic Acid is to be placed over the Iodoform gauze. The dressing is to be changed two times a day. Whenever new infiltrations make their appearance, fresh incisions are to be made. Wine and Quinine are to be prescribed internally. In the beginning, before suppuration has set in, an abortive cure may often be effected by injecting a 5-per-cent Carbolic-Acid solution into the Carbuncle and the adjacent tissue. A hypodermic syringe is to be employed for this purpose. About one-third of a syringe-ful is to be injected at a time.

**Phlegmon. Inflammation of the Cellular Tissue.** In the commencement, the following is to be employed:

R 1289 Ungu. Ciner., 3 v.  
S. Ointment.

The inflamed areas are to be covered with the salve and compresses saturated with Burow's solution placed over the same; some water-proof material is to be placed over the latter and the whole held in place by an ordinary cotton bandage. When the process involves an extremity, the limb is to be placed in wrapped splints and either suspended vertically or be placed upon a smooth surface slanting upward in the direction of the peripheral end. If absorption is not produced in this way, the salve is to be suspended, but the rest of the treatment continued. As soon as fluctuation becomes perceptible, an incision is to be made in one or more localities, as the case may demand, after which the areas involved are to be disinfected, drained, and dressed with the usual Iodoform dressing.

**Panaritium Phlegmonosum. Tendinosum. Periostale.** The best procedure is undoubtedly a premature incision, followed by disinfection and the application of an antiseptic dress-

ing. The remaining treatment is to be the same as that of a Phlegmon.

**Lymphangioitis. Inflammation of the Lymphatic Vessels. Phlebitis. Inflammation of the Veins.** The affected limb is to be placed at rest and elevated. It is also advisable to anoint the extremity with Ungu. Ciner. and apply an ice-bag. When suppuration sets in, moist compresses or compresses saturated with Burow's solution (R 1260) are to be applied. Later, incisions are to be made, when indicated. When the affection has continued for a longer time or when there are frequent relapses, warm baths are to be taken, daily.

**Erysipelas Traumaticum. Traumatic Erysipelas.** The patient must be isolated. The skin is to be freely anointed with oil, over which absorbent cotton is to be placed.

A dressing saturated in a 1/10-per-cent Corrosive-Sublimate solution or Burow's solution may be highly recommended. The affected zone is to be isolated from the healthy surrounding tissue by applying pieces of adhesive strips or varnish around the border. The most reliable treatment is that with tar, which is spread around and four inches beyond the margin of the area involved. The employment of an Ichthyol ointment may also be highly recommended.

R 1290	Ammon. Sulphoichthyolic.,	gtt. v.
	Unguent. simpl.,	℥j.
	S. Salve.	

Internally, alcoholics are to be freely administered. If the disease runs a course of a longer duration, Iron and such stimulating remedies as the following are to be prescribed in addition:

R 1291		R 1292	
Camphor. trit.,	gr. iij.	Mosch. opt.,	gr. ivss.
Sacch. alb.,	℥j.	Sacch. alb.,	℥ ss.
M. f. pulv. div. in dos. æqu.		M. f. pulv. div. in dos. æqu.	
No. 10.		No. 10.	
S. 1 powder every 3 hrs. Or:		S. 1 powder every 2 hours,	

**Septicæmia. Pyæmia. (Septic Infection.)** The most reliable prophylactic procedures are at all times to be employed for its prevention. Strict antisepsis is to be observed in operating and in treating wounds. Care is to be taken that the wards are kept thoroughly clean and well ventilated. If the affection already exists, especially if there are chills, the following is to be prescribed:

**R 1293**

Quinin. muriat. (or Sulph.),  
 Sacch. alb., āā gr. lx.  
 M. f. pulv. div. in dos. æqu.  
 No. 5.

S. At night 2 or 3 powders  
 are to be taken at intervals  
 of a quarter of an hour.

In addition to the foregoing:

**R 1294**

Opī pur., gr. vj.  
 Sacch. alb., 5 ss.

M. f. pulv. div. in dos. æqu.  
 No. 5.

S. One powder in the even-  
 ing.

In Pyæmia, the abscesses are to be opened. The purulent effusions in the joints are likewise to be removed.

Furthermore, alcohol in the form of heavy wine, rum, or brandy; also the following:

**R 1295** Tinct. amar., 3j.  
 Tinct. nuc. vom., gtt. iij.

S. 1 teaspoonful several times during the day.

Free Diaphoresis, produced through a hot bath followed by enveloping the patient in wet linen sheets, frequently affords great relief.

**Diphtheria of Wounds.** The patient is to be isolated and a general tonic and stimulating treatment prescribed. Under the influence of an anæsthetic, the wound is to be either cauterized with Nitric Acid:

**R 1296** Acid. Nitric. fum., 3 ss.

S. The wound is to be cauterized with the same  
 until an eschar is formed;

or the actual cautery is to be employed.

After cauterization, an Iodoform dressing or sterilized gauze saturated in Liquor. Burowi (R 1260) is to be placed over the wound.

When the eschar has been shed, cauterization may be resorted to, for a second time, providing there are indications for the same.

**Tetanus. Lock-Jaw.** Patient is to be placed in a darkened room. Every form of noise or peripheral irritation is to be avoided. It is very important to maintain the general nutrition by the administration of liquid food. Nutritive enemata are to be given if nourishment can not be taken in any other way. The Hydrate of Chloral (30 to 90 grains pro die) is to be administered either internally or in the form of an enema accompanied with or without hypodermic injections of Morphia:

R. 1297

Chloral. hydr.,       3 ss. to iss.  
Aqu. dest.,         3 vj.  
S. 1 tablespoonful at a time.

R<sub>x</sub> 1298

Chloral. hydr., gr. lxxv. to lxxv.  
 Aqu. font., 3 v.  
 S. The whole to be taken in  
 3 enemata during the day.

For the severe paroxysms, inhalations of Chloroform may be highly recommended.

An Anti-toxin treatment (Tizzoni) may likewise be tried.

**Delirium Potatorum Traumaticum. Delirium Tremens**  
**Occurring In Wounded Patients.** To prevent the same, a small amount of alcohol is to be given to drunkards. Likewise the following as a prophylactic, and especially after the development of the condition:

℞ 1299 Opii pur., gr. viiss. to xxx.  
(Tartar. emetic., gr.  $\frac{3}{4}$ )  
Sacch. alb., 3j.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. 1 powder every 2 hours until the patient  
becomes quiet. (Only in the hands of a phy-  
sician.)



Chloral Hydrate may likewise be employed, if the heart is not affected:

℞ 1300	Chloral. hydrat.,	℥ ss. to j.
	Aqu. dest.,	℥ iiss.
	Syr. rub. Idæi,	℥ ss.
	S. 1 tablespoonful every 2 hours;	

or small doses of Morphia, hypodermically.

In more chronic cases, unaccompanied with maniacal ravings, grog or the following is to be administered:

℞ 1301	Arrac.,	℥ ix.
	Vitell. ov. unius.	
	Sacch. alb.,	℥ xvij.
	Aqu. dest.,	℥ ivss.
	S. 1 tablespoonful at a time.	

After the delirium has subsided, it is most important to direct the treatment toward the chronic alcoholism.

### **Osteomyelitis. Inflammation of the Marrow of Bones.**

The diseased bone is to be laid open at as early a date as possible. All diseased tissue is to be removed. If the patient does not submit to an operation in the beginning, an ice-bag is to be applied. The extremity is to be rendered immovable. When suppuration sets in, warm applications are to be made. Sub-periosteal and intermuscular abscesses are to be freely opened, disinfected, drained and dressed with Iodoform. A necrotomy must not be performed until the sequestra have become loose.

**Gangræna. Mortification.** Prophylactic procedures are to be taken against the formation of bed-sores in those diseases which predispose toward the same. Care is to be taken of the skin. Twice a day the integument of the back and the buttocks as well as that of the Perineum are to be bathed with vinegar. After each stool the region about the anus should be thoroughly cleansed. A well-upholstered horse-hair mattress should be placed upon the bed of the patient, and care should be taken that no creases form in the sheet lying upon the same. The sheet spreader of Von Hacker is a good device for preventing



creasing of the sheets. The two outer edges of a sheet are sewn together and into this bottomless sack two wooden poles are inserted in such a way that each runs parallel with the sides of the bed. These poles are to be connected with straps running under the bed in such a manner that when they are drawn upon, the sheet is prevented from creasing. Immediately under the buttocks between the mattress and sheet a piece of rubber sheeting, chamois skin, or Glover's leather should be placed.

Whenever reddening makes its appearance in the Sacral Region, this part of the body is to be kept especially clean and bathed with fresh lemon juice. An air- or water- cushion may be necessary. When these can not be obtained, a circular wreath may be made from absorbent cotton. If, notwithstanding these precautions, excoriations develop, the affected areas are to be painted with the following:

- ℞ 1302 Argent. nitric., gr. xv.  
 Aqu. dest., ℥ v.  
 S. The parts are to be painted with the same, 2 times, daily.

After which, the following is to be applied:

- ℞ 1303 Emplastr. Ceruss., ℥ j.  
 S. To be spread upon soft leather and then applied.

When there is moist gangrene, accompanied with a strong odor, the affected areas are to be covered with Gypstheer, of which the following is the formula:

- ℞ 1304 Bitumin. Fag., ℥ iij.  
 Calcar. sulph., ℥ xij.  
 S. To be spread in a thick coating over the area involved; to be renewed twice, daily.

When Gangrene has fully developed, or when there is a diffuse disintegration of the tissues, the gangrenous area is to be covered with compresses saturated in Liquor. Burowi (℞ 1260) or the following:

- ℞ 1305 Calc. Chlorat., ℥ ij.  
 Aqu. dest., ℥ x.  
 S. For saturating compresses,

These dressings are to be changed twice, daily.

The following irrigation may also be employed—it is less effective, however:

℞ 1306 Kal. Hypermangan., gr. xv.  
 Aqu. dest., ʒ iij.  
 S. For irrigations.

In Gangrene involving deep tissues, the integument is to be incised in several places and the necrotic masses removed with the scissors.

In Gangrene of an extremity, amputation is not to take place until a well-defined line of demarkation has been established. Only when the Gangrene progresses very slowly and when the general condition is relatively good, is amputation to take place at an earlier date, and then at a point high above the gangrenous region. A nutritious diet is to be prescribed in every gangrenous process. Alcohol, when indicated, is to be given freely, and when urgent, the following:

℞ 1307 Camphor. trit., gr. viiss.  
 Sacch. alb., ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. Three or 4 powders are to be taken during the day.

For severe pain, Morphia is to be prescribed.

In Gangrene resulting from Stomatitis through Mercurial Intoxication, the administration of the mercury is to be at once suspended. The bedding and bed-clothes are to be changed and if possible also the room. Repeated gargling with the following is to take place:

℞ 1308 Kali chloric., ʒ j.  
 Aqu. font., ʒ vj.  
 S. As a gargle.

**Tendovaginitis. Traumatica. Rheumatica. Inflammation of the Sheaths of the Tendons.** The limb is to be placed at rest in a splint and the skin over the tendon painted

with Tinct. of Iodine, after which moist compresses and bandages (the turns of which are wound about the limb with equal pressure) applied. If these procedures are not soon attended with marked relief, a flying-blister is to be applied. When the symptoms are very severe, the limb is to be elevated and Ungu. Ciner. (Blue-Ointment) rubbed over the same. After the inflammation has disappeared, bathing with luke-warm water and massage are advisable.

Internally:

℞ 1309 Natr. salicylic., 3 iiss.  
Da in capsul. amylic. div. in dos. æqu. No. 20.  
S. 1 capsule every 2 hours.

**Polyarthrititis Rheumatica. Acute Articular Rheumatism.** The affected joints are to be rendered immovable with splints and suitable bandages; compresses, saturated in Liqu. Burowi (R 1260) are to be placed upon the same. The Salicylate of Soda (R 1309) is to be administered simultaneously. After the absorption of the effusion, massage and active and passive movements are indicated. Baths at the different thermal springs (Baden, Gastein, Teplitz, Pystian, etc.) and hydro-pathic treatment at well-equipped institutions may be highly recommended.

**Arthritis Gonorrhoeica.** The joints are to be placed at complete rest and cold applications made. The fever is to be treated symptomatically. When the acute symptoms have disappeared, massage, baths, and active and passive movements of the joints are indicated.

**Arthritis Urica. Gout.** During an attack, moderate compression and immobilization as well as elevation of the extremity is advisable. For the affection itself, Carlsbad, Kissingen, Homburg, Vichy, and other similar mineral-waters such as Teplitz, Wiesbaden, Aachen, Baden near Vienna, etc., are advisable.

**Arthritis Acuta Purulenta. Purulent Inflammation of the Joints.** During narcosis, the joints (providing it is necessary) are to be brought and fixed in a proper position. (The hip- and knee-joints are to be placed in an extended position and the ankle- and elbow-joints flexed at right angles). Fixation in these positions is temporarily maintained by applying a Plaster-of-Paris cast.

Over the joint, an ice-bag is to be placed (it may also be placed over the Plaster-of-Paris cast). If, notwithstanding, the inflammation and suppuration still continue, the joint is to be opened (with the greatest antiseptic precaution), the pus withdrawn, the joint irrigated with a 1-per-cent Carbolic-Acid solution after which it is to be drained and an Iodoform dressing applied.

**Hydrops Articulationis Acutus. Acute Dropsy of the Joint Following Traumata.** The joint is to be rendered immovable; a compressive bandage is to be applied. Application of the Tincture of Iodine, later massage and active and passive movements of the joints are advisable.

**Hydrops Articulationis Chronicus. Chronic Dropsy of the Joints.** A compressive bandage is to be applied after the method of Volkmann (splints) or Heine (pressure with sponges) or the joints are to be punctured and injected with the following solution of the Tincture of Iodine:

R 1310	Tinct. Iod.,	℥j.
	Aqu. dest.,	℥ ss.
	S. Tincture of Iodine, 2 to 1.	

From 1 to  $2\frac{1}{2}$  ounces are to be injected into the joint and after the lapse of 15 minutes allowed to flow out. The opening made by the puncture is to be closed with a stitch after which an antiseptic dressing is to be applied.

**Ulcus. Ulcer.** (1) In **Ulcus Traumaticum**, an antiseptic Iodoform dressing is to be employed. Upon clean granulating surfaces, ointments are to be spread (Nitrate of Silver, Boracic Acid, or Zinc ointment);

## R 1311

Argent. nitric., gr. ivss.  
 Balsam. Peruv., ʒ ss.  
 Ungu. simpl., ʒ j.  
 S. To be spread on linen and  
 applied to the ulcer.

## R 1312

Cer. alb.,  
 Ol. Olivar., aa ʒ ss  
 M. f. cerat.,  
 S. Like the preceding.

## R 1313

Acid. Boric., gr. 50.  
 Ungu. simpl., ʒ j.  
 S. Like the preceding.

## R 1314

Zinc. oxydat., gr. 50.  
 Vasin., ʒ j.  
 S. Like the preceding.

Or compresses saturated with the following may be applied:

## R 1315 Aqu. Plumb., ʒ vj.

S. Compresses are to be saturated with the same.

Inflamed and irritable granulations are to be cauterized with the Nitrate of Silver or the thermo-cautery after which compression is to be made with strips of adhesive plaster.

(2) **Ulcus Varicosum. Callosum (Leg).** Systematic compression with knit-wool bandages or a Martin India-rubber bandage is to be tried.

As long as the surrounding tissue is inflamed, Iodoform and compresses saturated with Liqu. Plumb. Sub.-acet. are applied. When the edges of the ulcer have become clean, compression with strips of adhesive plaster is advisable. When there has been an extensive loss of tissue, skin-grafting after the method of Thiersch is to be resorted to.

(3) **In Ulcus Syphiliticum**, a general anti-syphilitic treatment is indicated. Locally the following:

R 1316 Mercur. præc. rubr., gr. ivss.  
 Ungu. simpl., ʒ j.  
 S. Ointment. To be spread on linen and applied.

(4) **In Gangrenous Ulcers**, the remedies mentioned under Gangrene (p. 376) especially Plaster of Paris and tar (R 1304) or an Iodoform dressing are to be applied.

(5) **In Phagedenic Ulcers**, Iodoform is to be dusted over the area involved or the ulcers are to be curetted and cauterized with Caustic Potash or the actual cautery.

(6) **In Lupoid Ulcerations**, the edges of the ulcer are to be thoroughly cauterized (until healthy tissue is reached) with either Argent. Nitric, Kal. Caustic in the form of pencils, or the following:

℞ 1317    Zinc. Chlorat.,  
             Amyl. Tritic.,                      āā    ʒ ss.  
             Aqu. dest. q. s. ut f. pasta mollis.  
             S.    To be smeared over the ulcer.

In most cases, it will be better to curette the ulcer with a sharp spoon (under the influence of an anæsthetic) and after arresting hemorrhage through pressure, to cauterize with a caustic pencil, or apply styptic cotton. In Lupus of the extremities, after an Esmarch bandage has been applied, the affected areas are to be disinfected, excised, or curetted. Styptic cotton is then to be applied and also an antiseptic dressing which is not to be removed for several weeks. If the infiltrations are shallow, they are to be scarified.

Lupus Exfoliativus and Hypertrophicus are to be treated with the following ointment:

℞ 1318    Iod. pur.,                                      gr. v.  
             Kal. iodat.,                                  gr. xlv.  
             Glycerin.,                                    ʒ j.  
             S.    Externally.

(7) **In Scorbutic Ulcerations** of the gums, the following is to be employed:

℞ 1319    Borac. Venet. (or Acid. mur.),    ʒ ss. to j.  
             Mell. Rosat.,                              ʒ j.  
             S.    Twice, daily, the gums are to be painted with the above.

In place of the latter, Iodoform powder may be employed.

A general anti-scorbutic treatment with acids (lemonade, Elix. acid. Halleri, sauerkraut, etc.) and also Quinine is indicated.

**Tuberculosis.** The most important factor in the therapy is a constitutional treatment. Nutritious food (meat, milk, eggs), sojourns in the country (the mountains and sea shore), and the administration of tonics are indicated. Whenever there is fever, Quinine is to be prescribed.

**1. Tuberculosis of the Bones. Ostitis et Periostitis Tuberculosa. Caries.** The different portions of diseased bone are healed quickest by radically removing the diseased tissue (Evidement, partial and total resection). Ignipuncture of the diseased bone, until healthy tissue is reached, frequently affects a cure. It occasionally happens, in those cases in which suppuration does not take place, that a spontaneous cure results through encapsulation, calcareous degeneration, ossification, and the formation of cicatricial tissue (frequently the case in Caries of the Vertebrae). When a spontaneous cure is sought and anticipated, the diseased bone must be placed at rest by the employment of appropriate supports and apparatus. When this has been done the different areas involved may also be treated locally with preparations of Iodine. The Tincture of Iodine may be applied with a camel-hair brush or the following may be employed:

- |        |  |           |
|--------|--|-----------|
| ℞ 1320 | Iod. pur.,   | gr. ivss. |
|        | Kal. iodat.,   | gr. xlv.  |
|        | Ungu. simpl.,  | ℥j.       |
|        | S. Salve to be smeared upon a piece of linen and then applied. |           |
|        |  | Or:       |
| ℞ 1321 | Ungu. Hydrarg. cin.,   | ℥ ss.     |
|        | Ungu. simpl.,  | ℥ ij.     |
|        | M. f. ungu.  |           |
|        | S. Like the preceding.   | Likewise: |
| ℞ 1322 | Argent. nitric.,   | gr. ivss. |
|        | Balsam. Peruv.,  | ℥ ss.     |
|        | Ungu. simpl.,  | ℥ j.      |
|        | S. Salve.  |           |

The employment of Derivantia (Cantharides plaster, Moxa, Ferrum Candens) about the vicinity of carious bone is frequently of material assistance in effecting a cure.

The mineral baths, previously mentioned, may also be highly recommended.

When cold abscesses, resulting from a process in the soft parts of the bones can be reached through an operation, they are to be opened, curetted, and dressed with Iodoform. Cold abscesses, which emanate from bones which by reason of their position can not be reached excepting through grave surgical procedure, are to be allowed to either rupture spontaneously or are to be punctured with a Troiscar and when pus ceases to flow, injected with the following:

℞ 1323	Iodoform.,	℥ ss.
	Glycerin.,	℥ v.

S. After the same has been well shaken it is to be injected with a syringe. The cavity of the abscess is to be half filled with the mixture. Or:

℞ 1324	Iodoform.,	3 ij.
	Glycerin.,	
	Aqu. dest.,	āā 5 x.

S. Like the preceding.

2. **Tuberculosis of the Joints. Fungus. Synovitis and Perisynovitis Tuberculosa. Tumor Albus. Tuberculous Inflammation of the Joints.** Fixation and rest of the affected joints are indicated. Likewise, applications of preparations of Iodine, wet packing (Liqu. Burowi, R 1260) and when there is no pain, careful massage. Bathing in Iodine and saline mineral waters may be highly recommended. It is advisable to puncture peri-articular abscesses, to withdraw the fluid and inject Iodoform and Glycerine (R 1324). If rupture takes place spontaneously, the fistulæ are to be cauterized with Argent. Nitricum, or the thermo-cautery; or Iodoform pencils are to be inserted or the White Precipitate salve (see index) is to be employed. In a diffuse Synovitis Ulcerosa, extirpation of the capsule and the fistulæ is advisable, providing it is not already too late. When the ends of the bone are involved they must be scraped or resected.



3. **Tuberculosis of the Sheaths of Tendons. Tendovaginitis Tuberculosa.** A cure is most quickly effected through extirpation. If the patient does not agree to its performance or if the operation is contra-indicated, injections of Iodoform and Glycerine (R 1324) or Iodoform and Ether are advisable:

℞ 1325 Iodoform., 5 ij.  
Ether. Sulph., 3 iiss.  
For injections

In the non-ulcerative form, careful massage, applications of preparations of Iodine and baths in Iodine mineral-waters frequently yield good results.

4. **Bursitis Tuberculosa. Tuberculosis of the Membranous Sacks.** Extirpation is the best and quickest procedure. In all other respects, the treatment is to be the same as that of Tuberculosis of the sheaths of the tendons.

5. **Tuberculosis of the Lymphatic Glands. The Lymphatic Diathesis (the so-called Scrophulosis).** The diet is to be carefully regulated; meat, milk, and eggs are to be given freely. Out-of-door exercise is desirable. During the summer, a sojourn in the country is advisable (if possible at the mountains or sea-shore). Rational hardening of the individual is for the most part indicated. In fat children, mild cathartics such as the following are to be prescribed:

℞ 1326 Calomelan., gr. iij. to ix.  
Sacch. alb., 3 ss.  
M. f. pulv. div. in dos æqu. No. 10.  
S. 1 powder 3 times daily.

In fat children who are at the same time anæmic, the Iodide of Iron is indicated:

℞ 1327 Ferr. iodat. saccharat., gr. viiss.  
Sacch. alb., gr. xxx.  
M. f. pulv. div. in dos. æqu. No. 10.  
S. 1 powder 3 times, daily.

Thin children are to be given Cod-liver Oil during the winter. Salt baths prepared by adding 15 to 50 ounces of rock salt to the bath are very beneficial; also the natural baths of Hall, Darkau, Ischl, Kreuznach, Reichenhall, etc. To older children, sea-baths may be highly recommended.

In multiple tumors of the lymphatic glands (for instance, those of the neck and axilla), extirpation is the most rapid form of treatment. When suppuration and the formation of fistulæ have once set in and the affection has encroached upon the soft parts, extirpation is no longer indicated (for the most part it is not accompanied with good results). Under such circumstances, it is best to simply treat the discharging fistulæ and to open the isolated abscesses.

### **Chronic Inflammation of the Soft Parts of the Body.**

Whenever possible, the causative agent is to be removed (Tuberculosis, Syphilis). Locally, rest of the affected limb is advisable and when it is possible, elevation or suspension.

When the limb is involved, compression through flannel or elastic bandages is sometimes followed with good results but more effectual are wet packings. (Wet well-wrung towels, covered with some water-proof material, applied and changed every two hours.) Mud-baths (Franzensbad, Marienbad, etc.) or baths with salt or extracts taken from the mud are frequently beneficial as are also compresses wrung out in Iodine mineral-waters (from Hall, Darkau, etc.). Strips of Mercurial Plaster applied tightly over the affected area are often beneficial; so also, painting the parts with Tincture of Iodine. Infiltrations are frequently effectually removed by a systematic course of massage.

**Rhachitis. Rickets.** Nutritious food (meat, milk, eggs) is to be given. The ingestion of carbo-hydrates is to be restricted. Rock-salt baths and mud-baths as well as sojourns in the country are advisable. The following internal remedies are indicated:

<b>R</b> 1328	Calcar. phosphoric.,		
	Ferr. lactic.,	āā	ʒj.
	Sacch. lact.,		ʒiij.
	S.	3 to 5 grains 2 times daily.	

Recently, Phosphorus, as recommended by Kassowitz, has been much prescribed:

℞ 1329 Phosphor., .01 grams.  
 Ol. Amygdal. dulc., 70 "  
 Sacch. alb., 30 "  
 Ether. Fragar., gtt. 20  
 S. 1 teaspoonful, daily.

℞ 1330 Phosphor., .01 grams.  
 Ol. Amygdal. dulc., 30 "  
 Aqu. dest., 40 "  
 Pulv. gumm. Arab.,  
 Sacch. alb., āā 15 "  
 S. 1 teaspoonful, daily.

Or in a plain form:

℞ 1331 Phosphor., .01 grams.  
 Ol. jecor. Asell. (Ol. Morrhuæ), 100 "  
 S. 1 teaspoonful, daily.

If, after the Rhachitis has ceased, it is found that pronounced curvature of the bones has resulted from the disease, the bones may be fractured subcutaneously (under the influence of an anæsthetic) and a Plaster-of-Paris cast applied, or if the bones are very hard an Osteotomy may be performed or a wedge-shaped section of bone removed. Simple curvatures of a mild degree of the bones will become partially rectified with the growth and development of the child.

**Angioma. Vascular Tumor.** Flat Angiomata, not situated on the face, are to be cauterized with fuming Nitric Acid. Angiomata, spread over a diffuse area, are to be pierced upon their periphery with a scarificator. After the tumor has been reduced in size by scarification, fuming Nitric Acid is to be applied. Plexiform and Cavernous Angiomata are to be extirpated with the knife and scissors. More diffuse and larger Angiomata are to be deeply punctured with the thermo-cautery. The latter procedure is also the best in Angiomata occurring upon the face. A seaton, made of strands of cotton thread dipped in Liquor Ferri Sesquichlor., is also highly recommended

(Roser). Upon small teleangiectatic vessels, flying blisters, vaccination, and simple puncture will frequently yield good results.

**Lymphoma Malignum (Billroth)** An arsenical treatment is to be employed:

- ℞ 1332 Solut. Arsen., Fowleri,  
Tinct. Ferr. pomat., āā ʒ ss.  
S. In the commencement, 10 drops are to be taken 2 times, daily. Every third day, the dose is to be increased 2 drops until 30 drops is reached when the drug is to be reduced in the same way.

The following is to be injected simultaneously into the tumor:

- ℞ 1333 Solut. Arsen. Fowleri, ʒ ss.  
S. In the commencement 2 drops, later 4 to 5 drops are to be injected in different parts of the body.

If symptoms of intoxication make their appearance, the drug must not be suspended suddenly but the dose gradually reduced.

**Verrucæ. Warts.** The growths are to be first cauterized with fuming Nitric Acid. Upon the next day, the eschar is to be scraped away with a scalpel until it commences to bleed whereupon the cauterization is to be repeated. This procedure is to be continued until the warts have completely disappeared.

**Carcinoma. Cancer. (Likewise Sarcoma.)** A thorough extirpation with the knife is advisable at the earliest possible date. In very old or anæmic individuals, cauterization with cauterizing agents may be advisable. The best for this purpose is the following:

- ℞ 1334 Zinc. chlorat., ʒ iiij.  
Farin. Secal. (or Gumm. Arabic.), ʒ ix.  
Aqu. dest. q.s. ut f. massa ex qua form. bacill. No. 6.  
S. Caustic Pencils.

With a lancet, incisions are made into the tumor and into these the caustic pencils are inserted.

Caustic agents may likewise be employed. Of these, the Vienna Paste is used the most.

## R 1335

Kal. caustic. pulv., gr. lxxv.

Da ad lagenam.

S. Caustic Potash.

## R 1336

Calcar. caustic. pulv., ʒj.

Da ad lagenam.

S. Caustic Lime.

The two powders are placed in a mortar and, by adding water, stirred into a thick paste which is spread upon the surface of the neoplasm and allowed to remain from five minutes to half an hour (according to the degree of cauterization desired) whereupon it is washed away thoroughly with water. The tissue surrounding the growth must be protected by covering the same with strips of adhesive plaster.

In inoperable cancers it sometimes becomes necessary, on account of hemorrhage or suppuration, to remove a portion. As regards the rest of the treatment, excessive suppuration may frequently be held in check by employing the actual cautery and the application of an Iodoform dressing, Plaster of Paris and Tar, Liqu. Burowi, Kal. Hypermanganic., etc. Ptomaine injections have been employed recently.



# GENITO-URINARY DISEASES

## FROM THE POLYCLINIC

CONDUCTED BY THE LATE

Prof. ROBERT ULTZMANN, M.D.

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**Urethritis Catarrhalis. Catarrh of the Urethra.** The causative factor is to be ascertained. Urethritis caused by cauterization, the introduction of medicaments or unclean (not Gonorrhœal) coitus, heals for the most part, spontaneously, in the course of a few days. In dyscrasias (Syphilis, Tuberculosis, etc.), the constitutional treatment which may be indicated is to be employed. In onanists, the vice is to be strenuously combated. As regards the remaining treatment for the catarrh, hygienic procedures are advisable. Too much or vigorous exercise is to be avoided, and alcoholics and coitus forbidden. Mild injections, such as the following, may always be recommended:

℞ 1337	Zinc. Sulph.,	gr. iv.
	Aqu. dest.,	℥ vj.
	S. 2 or 3 times, daily, a syringeful is to be injected into the urethra.	

(For the method of injecting solutions, see Gonorrhœa Acuta.)

**Gonorrhœa Acuta. Clap.** In the beginning, all that should be done is to prescribe a proper diet. As little exercise as possible is to be taken. The consumption of meat is to be limited; the food is to consist principally of milk, vegetables, fruit, etc. Spices, alcoholics, strong coffee, and stimulating beverages are to be avoided. A suspensory is always to be worn. Sexual excitement is to be restricted as much as possible. If there are painful erections (Chorda—Chordée), the Bromide of Potash, Lupulin, or Morphine is to be prescribed.

If the Urethra is extremely sensitive, cold compresses are to be applied around the Penis.





**Gonorrhœa Chronica. Gleet.** Treatment with sounds. While the patient is lying in bed, heavy, slightly conical sounds are introduced each day into the Urethra as far as the Prostatic Portion or the Bladder and allowed to remain in situ for several minutes. The treatment is usually commenced with sounds of Charriere Nos. 22 to 24. Every other day, a sound of increased calibre is used until No. 29 or 30 is reached. If the Orificium is too narrow for sound No. 27, it must be widened by cutting in the direction of the Frenulum (with one closure of the scissors). If the treatment with sounds does not suffice by itself, it is to be combined with local medication—the medicaments to be applied immediately after the removal of the sounds.

When this latter form of treatment is employed, the sounds as well as all other instruments that are introduced into the Urethra are not to be covered with oil, but with Glycerine. The medicinal treatment consists of irrigations of the Anterior Urethra. The solution indicated is injected through a soft Mercier catheter (Charriere No. 14) having two lateral openings. This is shoved inward as far as the Bulbus Urethræ, while the patient is standing.

The following solutions are the best for this purpose:

R. 1343

Zinc. sulph.,

Alum. crud.,

Acid. carbol., āā gr. xv. to xxx.

Aqu. dest.,                      ℥ xij.

S. Externally.

Or:

R<sub>x</sub> 1344

Kal. Hypermangan.,

gr. iij. to viij.

Aqu. dest., ʒiij.

S. Externally.

Liquid solutions in a concentrated form may also be applied with the brush and endoscope. While the patient is lying in a horizontal position, the straight endoscopic tube, together with its obturator, is introduced into the Bulbus, whereupon the obturator is removed and the brush, impregnated with the medicament, pushed through the tube and both the endoscope and brush rotated. The following solution is usually employed for this purpose:

## R 1345

Argent. nitric., gr. xvj.  
 Aqu. dest., ʒj.  
 Da in vitr. nigr.  
 S. To be applied with a brush.

Or:

## R 1346

Argent. nitric., gr. xxiv.  
 Aqu. dest., ʒj.  
 S. To be applied with a brush.

These solutions are to be applied every second day.

Stronger solutions are to be cautiously used, and when employed, only small areas are to be treated at a time.

Urethral suppositories also act very favorably. Either short suppositories are to be prescribed, which are introduced by means of the straight endoscope and the obturator, or long ones which are to be shoved into the Urethra by the patient. One of the following is usually used:

## R 1347

Alum. crud., gr. xv.  
 But. Cacao. q. s. ut f. supp.  
     urethr. longa (resp. brevia)  
     No. 5.  
 S. 1 suppository is to be introduced daily.

## R 1348

Acid. Tannic., gr. v. to viiss.  
 But. Cacao. q. s. ut f. supp.  
     urethr. longa (resp. brevia)  
     No. 5.  
 S. Like the preceding.

## R 1349

Zinc. sulph., gr. iiss. to ivss.  
 But. Cacao. q. s. ut f. suppos. urethr. longa (resp.  
     brev.) No. 5.  
 S. Like the preceding.

The suppositories are to be introduced while the patient is in a recumbent position. After their introduction, the patient is to lie still for half an hour or the Penis is to be raised upward against the abdomen and kept in that position by means of the abdominal band of the suspensory. Not until the lapse of half an hour is the patient to urinate.

The possible presence of a Dyscrasia is to be borne in mind, in a Chronic Gonorrhœa which extends over a longer period of time. Iodides or Mercury are to be given internally, if Syphilis is present. In Tuberculosis, a stay in the country and nutritious food are to be prescribed.

**Stricture of the Urethra.** In the greater number of cases, slow, methodical dilatation, with metallic sounds introduced into the Urethra every day or every other day, is advisable. Treatment is usually commenced by inserting the thickest sound which will pass the Urethra and allowing the same to remain in situ a quarter of an hour. Afterward, gradually, thicker sounds (according to the Charriere scale) are introduced and allowed to remain for a longer interval each day (providing they are well borne by the patient). From Charriere No. 10 to 15, conical sounds are to be selected and cylindrical sounds above the latter number. If the stricture can not be passed by the thinnest sounds (No. 8 or 9) during the early part of the treatment, a thin, elastic bougie is to be introduced or even several.

Frequently, lead bougies are used in place of the metal sounds. More rarely, wax bougies are employed. In some cases, but only when the Bladder is not paretic, more rapid dilation is effected by introducing a thin, elastic bougie which is left in the Urethra, and by the side of which the urine is allowed to flow. Upon the next day, a thicker bougie is introduced. This procedure is continued until the stricture becomes passable for a No. 12 bougie. Then, in place of the bougies, a Nélaton catheter is introduced and firmly fastened. Thereafter, catheters of a larger size are employed each day until Charriere No. 22 is reached, when sounding is continued with bougies or metallic sounds. In Impermeable Strictures or those which are not well adapted to methodical dilatation on account of the severe reaction which sets in after every dilatation, an External Urethrotomy is to be performed.

**Catarrhus Colli Vesicæ.** Catarrh of the Neck of the Bladder. The treatment of Acute Catarrh of the Neck of the Bladder is purely hygienic and medicinal, never local. It is identical to that of Acute Cystitis (see page 398). If there is retention of urine, that does not disappear upon the administration of baths and Morphine, a soft catheter is to be carefully introduced and the parts irrigated with solutions containing narcotics or antiseptics.

In Chronic Catarrh of the Neck of the Bladder, local treatment is to be employed. Injections are to be given by means of Ultzmann's irrigating catheter, A syringe having a capacity of 100 to 200 cubic centimeters ( $3\frac{1}{2}$  to 7 ounces), after being filled with the desired medicament, is attached to the rubber tube of an irrigating catheter. The air in the tube and catheter having been expelled by forcing a portion of the solution through the same, the catheter (held together with the syringe in the right hand) is introduced into the Pars Membranacea while the patient is in a recumbent position. Hereupon, the catheter is taken in the left hand and the contents of the syringe injected with the right. Upon removing the syringe from the catheter, the solution must not be allowed to flow back through the same. Immediately after giving the irrigation, the patient is to urinate. When there is a paresis of the bladder, the injections with the irrigating catheter are not to be given; but the following procedure is to be resorted to. The patient is to urinate, whereupon a Catheter Coudé of Mercier, having two lateral openings, is to be introduced into the bladder and the urine entirely withdrawn. The catheter is then withdrawn as far forward as the Neck of the Bladder and the medicament injected; by again shoving the catheter into the bladder this is also withdrawn. For irrigating the Neck of the Bladder, one of the following solutions is employed:

# **R 1350**

Acid. carbolic., gr. xiv.  
 Aqu. dest.,  $\bar{3}$  xvj.  
 S. After being warmed to be  
 used for irrigating.

# **R 1352**

Kal. hypermangan.,  
 gr. iss. to vij.  
 Aqu. dest.,  $\bar{3}$  xvj.  
 S. Like the preceding.

# **R 1351**

Alum. crud.,  
 Zinc. Sulph.,  
 Acid. carbol., āā gr. viiss. to xvj.  
 Aqu. dest.  $\bar{3}$  xvj.  
 S. Like the preceding.

# **R 1353**

Argent. nitric., gr. iss. to vij.  
 Aqu. dest.,  $\bar{3}$  xvj.  
 S. Like the preceding.

When it is desired to apply more concentrated solutions upon the Pars Prostatica, the Ultzman dropper is to be used, or the

urethral injector is to be employed. The chamber of the syringe, having been filled with 3 or 4 drops of the desired solution, is attached to the capillary catheter. The latter, after being greased with Glycerine, is introduced (while the patient is lying upon his back) as far as the Pars Prostatica. The index finger, having been introduced into the Rectum for the purpose of controlling the direction of the catheter, will distinctly feel the tip of the same. The contents of the syringe are emptied by making light pressure with the fingers upon the piston. After the employment of this procedure, the patient must lie quiet from one-quarter to one-half of an hour. A five-per-cent solution of the Nitrate of Silver is usually used for this purpose. The injections are given every other day and sometimes daily. Suppositories, likewise, may be employed. These are to be introduced with the *Portè-remède* of von Dittel. The suppositoria mentioned in R 1347 to 1349 or the following (if a more intense action is desired) are usually employed:

R 1354 Argent. Nitric., gr. iss.  
 But. Cacao. q. s. ut f. suppos. urethr. brevia No. 5.  
 S. 1 suppository is to be used, daily; in the commencement, only one-half of a suppository.

In a Catarrh of the Neck of the Bladder, developing during the course of a Tuberculosis, the following is to be used to check the frequent desire to urinate:

R 1355 Iodoform. pulv.,  
 But. Cacao., āā q. s. ut f. suppos. urethr. brev. No. 5.  
 S. 1 suppository is to be used, daily.

In catarrh of the Neck of the Bladder, occurring in women, the treatment with sounds is to be employed (strong metal sounds commencing from Charriere No. 20 and ending with 30 and even above).

The irrigations, previously mentioned (R 1347 to 1353), may likewise be used. From time to time, a five-per-cent solution of the Nitrate of Silver may be applied with Ultzmann's dropper.

**Cystitis. Catarrh of the Bladder.** In Acute Catarrh, rest in bed, or at least in a horizontal position, is advisable. If there is high fever, Quinine is to be prescribed; and, if there are chills, warm beverages (Russian tea, linden-blossom tea, etc.). For the pains in the region of the bladder and the vesical tenesmus, warm sitz-baths or tub-baths (95 to 100° F.) are to be given or compresses or cataplasma applied. Leeches may also be placed upon the Perineum or Rectum. Attention is to be paid to secure a soft and regular stool. For the frequent and painful vesical tenesmus, narcotics are to be given. Internally, the following:

**R 1356**

Decoct. semin. Lini.       $\frac{3}{4}$  xv.  
 Syr. Diacodii,               $\frac{3}{4}$  vj.  
 S. To be used within 24 hours.

**R 1357**

Tinct. Cannab. Indic.,       $\frac{3}{4}$  j.  
 S. 10 to 15 drops, 3 times,  
 daily.

**R 1358**

Extr. semin. Hyoseyami,  
 Extr. Cann. Indic.,              āā gr. vj.  
 Sacch. alb.,                               $\frac{3}{4}$  iss.  
 M. f. pulv. div. in dos. æqu. No. 12.  
 S. 3 powders, daily.

**R 1359**

Extr. fluid. Stigm. Maidis.,       $\frac{3}{4}$  j.  
 S. About 30 drops, 3 times, daily.

**R 1360**

Lupulini puri,              gr. xxx.  
 Extr. Belladonæ,              gr. iss.  
 Extr. Opii,                      gr.  $\frac{3}{4}$ .  
 Sacch. lactis.,               $\frac{3}{4}$  j.  
 M. f. pulv. div. in dos. æqu.  
 No. 12.  
 S. 3 powders, daily.

**R 1361**

Emuls. oleos.,               $\frac{3}{4}$  vj.  
 Morph. muriat.,              gr. ss.  
 Aqu. Lauroceras.,              M lxxv.  
 M. S. 1 tablespoonful every  
 2 hours.

**R 1362**

Lupulin. pur.,                      gr. xv.  
 Morph. muriat.,                      gr.  $\frac{3}{4}$ .  
 Sacch. alb.,                               $\frac{3}{4}$  j.  
 M. f. pulv. div. in dos. æqu. No. 8.  
 S. 3 to 5 powders, daily.

Narcotics, in the form of suppositories, may also be highly recommended:

℞ 1363 Extr. Opii, gr. ij.  
Butyr. Cacao q. s. ut f. suppos. No. 5.  
S. 2 to 3 suppositories, daily.

℞ 1364  
Morph. muriat., gr. iss.  
But. Cacao.,  $\bar{3}$  v.  
M. f. suppositoria No. 10.  
S. Like the preceding.

℞ 1365  
Cocain. muriat., gr. iij.  
But. Cacao.,  $\bar{3}$  iij.  
M. f. suppositoria No. 6.  
S. 2 or 3 suppositories, daily.

℞ 1366 Extr. Belladonn., gr. iij.  
Morph. muriat., gr.  $\frac{3}{4}$ .  
But. Cacao.,  $\bar{3}$  iiss.  
M. f. suppositoria No. 5.  
S. 1 or 2 suppositories, daily.

If the suppositories are not well borne, demulcent enemata, to which from 10 to 15 drops of the Tincture of Opium are to be added, are to be given three times, daily. If there are very severe pains, Morphine may also be prescribed. The diet is to be restricted; milk, almond milk and water are to be the principal beverages. When the painful vesical tenesmus has decreased, acid-soda mineral-waters, mixed with milk, are to be prescribed. Not until the pains have completely disappeared, are the mineral-waters (Giesshubler, Biliner, Preblauer, Selters, etc.) to be given undiluted. Different varieties of tea, similar to the following, are also much employed:

℞ 1367 Fol. Uv. Urs.,  
Herb. Chenopod. ambros., āā  $\bar{3}$  v.  
S. Tea. 1 teaspoonful to a cup of water is to be given 2 or 3 times, daily.

℞ 1368 Herb. Urtic. dioic.,  
Flor. Cannab. sativ., āā  $\bar{3}$  v.  
S. Like the preceding.

If retention of urine takes place, a bath is to be given, or Morphia is to be prescribed either internally or in the form of suppositories. If, notwithstanding the employment of these procedures, the patient is still unable to urinate, the bladder is to be evacuated by means of a soft catheter, and afterward is to be flushed with the following:

**R 1369**

Aqu. dest.,                      ℥ ix.  
Tinct. Opii simpl.,      gtt. xxx.  
S. To be warmed before using.

Or:

**R 1370**

Acid. carbolic.,                      gr. v.  
Aqu. dest.,                      ℥ x.  
S. Like the preceding.

In Chronic Cystitis, the cause is to be ascertained. If a stricture of the Urethra is present, it is to be treated; or if a stone is diagnosed, it is to be removed. In Paralysis of the bladder, catheterization is to take place at regular intervals. In women, an examination is to be made to ascertain the presence of a genital affection, which if found, is to be treated. In tuberculous patients, a stay in the country or at the proper sanatoria where milk- and whey-cures can be taken is advisable. In addition, the bladder is to be treated locally with irrigations. After the patient has urinated, a Nélaton catheter or a Catheter coudé is introduced into the bladder and whatever urine may be present, withdrawn. Then, with a syringe having a capacity of three ounces, the medicament is either introduced directly into the bladder, or water is first injected and then the medicament, but not until the water is returned perfectly clear. By compressing the catheter, the solution may be kept in the bladder from one to two minutes. During these procedures, the patient is to stand upright. Only weak patients or those having fever are to be allowed to assume a half-sitting or recumbent position. If the Cystitis has resulted from an attack of Gonorrhœa and if the neck of the bladder is at the same time involved, one of the procedures is indicated which is described under the treatment of Catarrh of the Neck of the Bladder by means of irrigation (see page 398). In women, the Cystitis is likewise to be treated according to the indications.

Usually, the solutions are injected in a lukewarm state, never cold, except in hemorrhage or paralysis of the bladder.



If the bladder is extremely sensitive, lukewarm water by itself, or water with some Tincture of Opium added, or one of the following, is to be injected:

℞ 1371 Cocain. muriat., gr. xv.  
 Aqu. dest., ʒ xiiss.  
 S. For injections ( $\frac{1}{4}$ -per-cent Cocain. solution).

For disinfection of the bladder, the following:

℞ 1372 Acid. Carbolic., gr. vij. to xiv. Aqu. dest., ʒ xij. S. For injection.	℞ 1373 Resorcin., ʒ ss. to j. Aqu. dest., ʒ xij. S. Externally.
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℞ 1374 Natr. Salicylic., Aqu. dest., S. Externally.	ʒ j. to ij. ʒ xij.
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When the secretion is tenacious, the following:

℞ 1375 Natr. Chlorat. (or sulph), Aqu. dest., S. Externally.	℞ 1376 Acid. Boracic., Aqu. dest., S. Externally.	ʒ iij. to v. ʒ xij.
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In stubborn cases, astringents, such as the following, are to be employed:

℞ 1377 Kal. Hypermanganic., Aqu. dest., S. For injections.	℞ 1379 Zinb. Sulph., Aqu. dest., S. Externally.	gr. xv. to xxx. ʒ xij.
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℞ 1378 Alum. Crud., Aqu. dest., S. For injections.	℞ 1380 Argent. Nitric., Aqu. dest., S. Externally.	gr. xij. to xxx. ʒ xij.
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When the urine has a strong ammoniacal or putrid odor, the following is advisable:

**R 1381**

Amylæth. Nitr., gtt. iij. to vj.  
 Aqu. dest.,  $\bar{3}$  xvij.  
 S. For injections.

**R 1382**

Resorcin.,  $\bar{5}$  iij. to v.  
 Aqu. dest.,  $\bar{3}$  xij.  
 S. For injection.

**R 1383**

Acid. Salicylic., gr. vj. to xvij.  
 Aqu. dest.,  $\bar{3}$  xij.  
 S. For injections.

**R 1384**

Creolin.,  $\bar{3}$  ss.  
 Aqu. dest.,  $\bar{3}$  xij.  
 S. Externally.

If there are many bacteria in the urine, the following may also be used:

**R 1385** Mercur. Sublim. Corros., gr.  $\frac{1}{2}$  to  $\frac{2}{3}$ .  
 Aqu. dest.,  $\bar{5}$  xij.  
 S. For washing out the bladder.

**R 1386** Kal. Hypermangan., gr. vj. to xv.  
 Aqu. dest.,  $\bar{3}$  xij.  
 S. For injections.

In addition to the local treatment employed in Chronic Cystitis, internal agents are frequently administered, especially the acid-soda mineral-waters (Biliner, Giesshubl, Preblau, Vichy, etc.) and the waters of Karlsbad and Marienbad. Balsamica and astringents are also given by some to lessen the amount of purulent secretion:

**R 1387**

Ol. Terebinthin.,  $\bar{9}$  ij.  
 Da in capsul. gelatinos.  
 Div. in dos. No. 20.  
 S. About 3 capsules, 2 times, daily.

**R 1388**

Terpin. Hydrat.,  $\bar{5}$  ss.  
 Sacch. alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu.  
 No. 12.  
 S. 1 powder, 3 times, daily.

**R 1389**

Ol. Santal. Ether.,  $\bar{3}$  j.  
 Da in caps. gelatinos.  
 Div. in dos. No. 30.  
 S. 1 or 2 capsules, 3 times, daily.

**R 1390**

Acid. Tannic.,  $\bar{5}$  ss.  
 Extr. Aloes. (aquos), gr. xv.  
 Sacch. alb.,  $\bar{3}$  j.  
 M. f. pulv. div. in dos. æqu.  
 No. 12.  
 S. 1 powder, 3 times, daily.

When there is an alkaline fermentation of the urine, the following is to be given:

**R 1391**

Natr. Salicylic.,            ʒ iiss.  
Div. in dos. æqu. No. 10.  
S. 3 to 5 powders, daily.

**R 1392**

Kal. Chloric.,            ʒ j.  
Aqu. dest.,            ʒ vj.  
Syr. rub. Idæi,            ʒ v.  
S. 1 tablespoonful, every 2  
hours.

**R 1393**

Naphthalin. purissim. cryst., ʒ ss.  
Sacch. alb.,            ʒ j.  
M. f. pulv. div. in dos. æqu. No. 8.  
S. 2 to 4 powders during the day.

When there is a concomitant Bacteriuria, in addition to the previously mentioned injections (R 1385 and 1386), the Salicylate of Soda (R 1391), or the following is to be given, internally:

**R 1394**

Salol. pur.,            ʒ iiss.  
Div. in dos. æqu. No. 10.  
S. 3 to 5 powders, daily.

For the treatment of an accompanying vesical hemorrhage, see Hæmaturia. After the local treatment of a Chronic Catarrh of the Bladder, an after-treatment at Karlsbad, Marienbad, Wildungen, or the use of an indifferent thermal water (Gastein, Romerbad, Teplitz, etc.) is advisable. For consumptives, Gleichenberg, Roznau, Ems, etc., are indicated.

### **Pyelitis. Inflammation of the Pelvis of the Kidney.**

The etiological factors are to be ascertained and the causative Cystitis or Calculosis treated. In acute Pyelitis, rest in bed and a rigid diet are to be prescribed. Cows' milk, almond milk and water are to constitute the principal beverages. If there is no vesical tenesmus, the Acid-Soda mineral-waters may be given with or without milk. If there is high fever, Quinine is to be administered; and, if intense pain, Quinine and Morphia. In Chronic Pyelitis, a milk-cure and a systematic treatment with lukewarm baths are indicated. For the purpose of diminishing the purulent discharge, the following are advisable:



℞ 1403 Lith. Carbonic., gr. xlv.  
 Div. in dos. æqu. No. 6.  
 S. 1 powder, 3 times, daily.

Especially recommended, is the following:

℞ 1404 Natr. Phosphoric.,  
 Natr. Bicarbon., āā 3 ix.  
 Lith. Carbonic., 3 ij.  
 Da in scatul.  
 S. 1 dessertspoonful 2 times, daily, dissolved in water.

During an attack of renal colic, protracted warm baths, Opium or Morphine are to be administered.

**Hæmaturia. Bloody Urine.** Patient is to be placed at absolute rest in bed, and is not to be too heavily covered. The diet is to be restricted. Hot or stimulating beverages are to be forbidden. Cold, moist compresses are to be applied over the region of the kidneys or over the abdomen and Perineum and over this an ice-bag or Leiter's metallic coil. In some cases of hemorrhage of the bladder, sitz-baths of short duration in cold hydrant-water or ice-water are wont to prove beneficial. Cold enemata or the insertion of Atzberger's apparatus into the Rectum, through which ice-water is allowed to flow, may also be highly recommended.

℞ 1405  
 Extr. Secal. cornut.  
 (Ergot.), 3 j.  
 Aqu. Cinnamom., 3 iiss.  
 S. 3 tablespoonfuls, daily.

Or:

℞ 1406  
 Extr. Secal. cornut.  
 (Ergot.), gr. xv.  
 Pulv. gummos., 3 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 6.  
 S. 1 powder, every 3 hours.

℞ 1407 Dragees d'Ergotine de Bonjean lagen  
 S. 4 to 10 are to be taken, daily.

Suppositories may also be prescribed:

- ℞ 1408 Ergotin. bis depurat, 3 iss.  
 But. Cacao., 3 vj.  
 M. f suppos. No. 12.  
 S. 2 to 4 suppositories, daily

Subcutaneous injections of Ergotine have a more certain and rapid action. The following are the best preparations:

- ℞ 1409 Extr. Secal. cornut. (Ergot.), 3 j.  
 Glycerin. pur.,  
 Aqu. dest., āā 3 iiss.  
 S. 8 minims (one-half hypodermic-syringeful)  
 are to be injected 3 times, daily.

The solution is to be filtered before each injection.

Still better is the following:

- ℞ 1410 Ergotin. dialysat. Bombellon lagen.  
 S. 8 to 15 minims are to be injected several times  
 during the day.

Also efficacious are the following:

- |  |   |
|--|---|
| <p>℞ 1411<br/>         Alum. crud.,<br/>         Sacch. alb., āā gr. xlv.<br/>         M. f. pulv. div. in dos. æqu.<br/>         No. 6.<br/>         S. 1 powder every hour.</p>  | <p>℞ 1412<br/>         Liqu. Ferr. sesquichlor., 3 iss.<br/>         Aqu. Cinnamom. simpl., 3 vj.<br/>         S. 1 tablespoonful every hour.</p> |
| <p>℞ 1413 Ferr. Sulph. cryst.,<br/>         Natr. Bicarbon., āā gr. xlv.<br/>         Extr. Millefol. q. s. ut f. pill. No. 60.<br/>         S. About 3 pills, 3 times, daily.</p> |   |

In hemorrhage from the Anterior Portion of the Urethra, cold compresses are to be applied locally, or cold water or astringent solutions are to be injected directly into the Urethra with a syringe; or a Nelaton catheter is to be introduced and after being fastened, compression of the Penis is to be made by applying strips of adhesive plaster.

In hemorrhage from the Neck of the bladder, narcotics are to be given. If the hemorrhage is very severe, a thick, soft catheter is to be introduced into the bladder and firmly fastened upon the outside. In hemorrhage from the bladder, the bladder is to be thoroughly washed out with cold water. When coagula of blood have accumulated in the bladder, they are to be partially washed out with a thick catheter (the best is the so-called evacuation catheter) and partly aspirated with the syringe. This procedure is to be continued until the injected water is discharged free from blood. It is to be repeated daily, 1 or 2 times, and, occasionally, even more frequently. After the coagula have been removed, the following is to be injected (but only once a day):

℞ 1414

Argent. nitric., gr. iij. to viiss.

Aqu. dest., ʒ xvj.

S. For injections.

Or:

℞ 1415

Liqu. Ferr. sesquichlorat.,

ʒ ss. to iiss.

Aqu. dest., ʒ xvj.

S. For injections.

In extremely sensitive patients, the treatment is to be commenced with the administration of weak solutions, which (especially in hemorrhages of a longer duration, such as those resulting from a tumor) are to be gradually increased in strength. In stubborn hemorrhages, a thick Nélaton catheter is to be kept temporarily in the bladder. In the commencement, cold water is to be frequently injected through the same for the purpose of removing any coagula that may form.

After the hemorrhage has been arrested, the cause is to be ascertained and relieved. If there are Calculi or other foreign bodies in the bladder, they are to be removed. In papillomatous infiltrations, occurring upon the mucous membrane of the bladder, Ergotine is to be administered internally for months at a time, as well as intravesical injections of Ferr. sesquichloratum. Neoplasma of the bladder have been frequently extirpated with excellent results. In hemorrhages, resulting from catarrhal ulcerations or fissures upon the Neck of the bladder, accompanied with vesical tenesmus and cystospasmus, narcotics are to be administered or injections of a two to ten-per-cent solution of Alum or Zinc are to be given by means of a catheter (see Catarrhus Colli Vesicæ). From 1½ to 3 ounces are to be injected daily, under slight pressure,

**Phosphaturia.** A causative factor (Cystitis, nervous affection, etc.) is to be looked for, and, if found, treated. The diet is to be regulated; sour dishes and soda-water are to be taken freely. On the other hand, all alkaline mineral-waters are to be avoided. Such acids as the following are to be prescribed:

℞ 1416 Acid. Phosphoric., ʒ iiss.  
Syrup. rub. Idæi, ʒ iss.  
S. To be taken in soda-water in the course of 24 hours.

℞ 1417 Acid. Muriat. dilut., ʒ j.  
S. 20 drops, 3 times, daily, in  $\frac{1}{2}$  glass of water.

℞ 1418		℞ 1419	
Acid. Lactic.,	ʒ ss.	Acid. Benzoic.,	ʒ ss.
Aqu. dest.,	ʒ vj.	Sacch. alb.	gr. xv.
Aqu. Ment. pip.,	ʒ iss.	M. f. pulv. div. in dos. aqu.	
S. 1 tablespoonful, 3 times,		No. 6.	
daily, in $\frac{1}{2}$ glass of soda-		S. 1 powder, 3 times, daily.	
water.			

The bladder may be washed out with the following:

℞ 1420		Or:	
Acid. Muriat. concentr.,		℞ 1421	
Acid. carbolic., āā	gtt. iij.	Acid. Salicylic.,	gr. vj.
Aqu. dest.,	ʒ vj.	Aqu. dest.,	ʒ vj.
S. For injections.		S. For injections.	

**Hyperæthesia and Neuralgia of the Urethra.** Warm sitz- or tub-baths are to be given; likewise, enemata of warm water (95° F.), or infusion of Camomille. If there is only Hyperæthesia at the time of the introduction of instruments into the Urethra, the following is to be prescribed:

℞ 1422 Cocain. mur., gr. viiss.  
Aqu. dest., ʒ iiss.  
S. Before introducing the instrument, from 8 to 15 drops are to be injected into the Urethra.

These injections are best given with the Cocaine Apparatus—a very thin, olive-pointed, soft catheter, with a hypodermic syringe attached to the distal end.



If a Chronic Gonorrhea or Catarrh of the Neck of the Bladder is present, it is to be treated. The latter affection is best treated with mild irrigations given with the Ultzmann short catheter (see Catarrhus Colli Vesicæ). For the first and second injections, 1/4 to 1/2-per-cent Carbolic-Acid solutions are to be employed, and from then on, 1/2-per-cent solutions of the Sulphate of Zinc which are gradually increased in strength until from 3 to 5-per-cent solutions are reached.

**Cystospasmus. Spasm of the Bladder.** The treatment, in most cases, is to be directed toward the cause. Bodily exercise and mental excitement are to be forbidden. If the disorder is attributable to a purely nervous affection (Neurasthenia, Hysteria), it is best to send the patient to the country or some bathing resort to recuperate. Cold hydropathic procedures are also, frequently, extremely beneficial. The Bromides are to be given internally. In anæmic individuals, Iron and Arsenic are to be prescribed in the form of mineral-waters. If the cystospasm is produced by an increased excretion of Uric Acid or is due to Oxaluria, alkalies, especially mineral-waters (Bilin, Radein, etc.), are to be prescribed. The following is also an efficacious remedy in such cases:

R̄ 1423    Natr. phosphoric.,  
              Natr. bicarbonic.,  
              Natr. bromat.,                     āā    3j.  
S.    1 teaspoonful in a pint of water, taken during  
        the day.

If Phosphaturia is the caustive factor, acids or the following are to be prescribed:

R̄ 1424    Natr. salicylic.,  
              Natr. bromat.,                      āā    5 iiss.  
              M. f. pulv. div. in dos. æqu. No. 10.  
              S.    2 or 3 powders, daily.

Fissures or fistulæ of the Rectum are to be treated surgically. Entozoa must be removed. If the affection has resulted from sexual excesses, Onanism, or Gonorrhœa, a treatment with sounds is to be employed (see Gonorrhœa Chronica). In addition, the Pars Prostatica and bladder are to be irrigated by

means of a short catheter or Mercier's catheter with a 1/4-per-cent Cocaine solution; later, with astringents, or, if deemed necessary, a 3 to 5-per-cent solution of Nitrate of Silver is to be applied with the Ultzmann dropper upon the Pars Prostatica.

In spasm of the Sphincters, the thicker metal sounds (Ch. No. 24 to 30) are to be regularly introduced as far as the bladder. In the commencement, they are to be allowed to remain in situ five minutes, and thereafter for longer and longer intervals. Before introducing the sounds, a 5-per-cent Cocain solution is to be injected into the Urethra with the Cocain apparatus previously mentioned. In stubborn cases, especially those in which erosions or fissures are suspected upon the Neck of the Bladder, the Pars Prostatica is to be cauterized with 5-per-cent Nitrate-of-Silver solutions, the Ultzmann dropper being employed for the purpose. When there is retention of urine, the urine is to be withdrawn with a catheter.

In women, the presence of a genital affection is to be looked for, and, if found, treated. If necessary, the Urethra is to be dilated by means of thick sounds, or forced dilation is to be resorted to (under the influence of an anæsthetic) with the Simon Speculum. Irrigations with astringents or cauterization with the urethral dropper may also be advisable.

During the individual attacks, warm tub- or sitz-baths are to be given and warm compresses applied over the Vesical Region and the Perineum.

Warm enemata may be advisable or narcotics (Morphia, internally or subcutaneously; Chloral Hydrate; or Tinct. Cannab. Indic., 10 to 15 drops).

In purely nervous spasms of the bladder, an aromatic infusion (Valeriana, Chamomille, etc.) or the Bromides are to be prescribed.

**Paresis Vesicæ.** In mild cases, in which through the acquisition of bad habits, the urine is not frequently voided, the region of the bladder is to be massaged, an acid-soda mineral-water prescribed, and warm baths followed by cold douches taken; but, above everything else, the patient must see to it that he discharges every four hours an equal amount of urine whether the desire exists or not. If stricture or stones in the

bladder are the cause of the paralysis, these conditions are to be relieved. In those cases that have been subjected to every form of treatment without much improvement, a sojourn in the country or cold-water procedures; especially douches upon the Lumbar Region, the site of the bladder or the Perineum are to be tried. Internally:

- ℞ 1425 Extr. Secal. cornut. (Ergot.), 3 ss.  
 Elæosacch. Fœnicul., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 12.  
 S. 1 powder, 3 times, daily. Or:
- ℞ 1426 Strychnin. nitric., gr. 3/10.  
 Sacch. alb., 3 j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 daily; later, 2 powders.

Strychnine may also be used endermatically. The Mons Veneris is shaved, the epidermis blistered with a Cantharides plaster and the abraided surface covered with the following powder:

- ℞ 1427 Strychnin. Nitric., gr. iss.  
 Sacch. alb., gr. lxxv.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. One powder is to be dusted, daily, over the abraided surface.

Better, and more easily administered, is the following:

- ℞ 1428 Strychnin. nitric., gr. 3/4.  
 Aqu. dest., 3 iiss.  
 S. Daily, 8 to 15 minims are to be injected, hypodermically, into the abdominal region.

(N. B. Whenever twitching of the muscles or increased muscular irritability develop, the Strychnine is to be suspended.)

In advanced cases, the most important part of the treatment is regular catheterization. During this course of treatment, the patient is to lie in bed for several consecutive weeks. Even if after having been catheterized, he is able to urinate spontaneously, the bladder, nevertheless, is to be emptied of its contents

with a Nélaton catheter at least once a day (if unable to urinate after catheterization, 3 times a day) and then washed out with either a 1/2-per-cent Carbolic-Acid or a 3-per-cent Boracic-Acid solution or if a Cystitis has developed with some other suitable medicament of which about three ounces are to be allowed to remain in the bladder. The evacuation of the bladder must not take place quickly, but gradually (especially if the same is noticeably distended).

The flow of the urine may be interrupted by frequently compressing the catheter with the finger for a short time. Each time that the catheter has been used it is to be dipped into a 5-per-cent Carbolic-Acid or a 1/10-per-cent Corrosive-Sublimate solution—washed and syringed in water and wrapped in Carbolic-Acid or Corrosive-Sublimate gauze in which it is to be kept until again required. The catheterization and washing-out of the bladder is usually done by the patient or those about him. Frequently, when there is a hypertrophy of the Prostate, it is impossible to introduce a Nélaton catheter. Under such circumstances, either the Mercier Catheter Coudé, the English, or the metal catheters are to be employed. In advanced cases, in which the patient has already become accustomed to catheterization, electrical treatment of the bladder (with constant or induced currents) is also indicated. In paralysis of the Detrusors, one pole is to be placed upon the Lumbar Region and the other attached to the Ultzmann's Bladder Excitator (a metal sound entirely covered with gutta percha with the exception of the tip). If the paresis involves the Sphincters the most, this reophor is to be introduced only as far as the Pars Prostatica, or in very sensitive individuals the Sphincter is to be subjected to faradisation from the Rectum (after the manner described under Enuresis).

**Enuresis.** The urine as well as the genital organs are to be carefully examined and whatever pathological conditions (Cystitis, Lithiasis, Strictures, Phimosis, Balanitis, Polypi of the female Urethra, Colpitis, etc.) may be found to exist, relieved. In delicate children, Iron, Quinine, baths, cold hydropathic procedures, and sojourns in the country are advisable. The administration of the following often relieves the condition:

R 1429

Extr. Belladonn., gr. iss.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in. dos. æqu.  
 No. 10.

S. Immediately before going  
 to sleep, 1 powder is to  
 be taken.

Or:

R 1430

Atropin. sulph.. gr. 1/7  
 Pulv. et extr. Liquir. q. s. ut f.  
 pill. No. 20.

S. 1 pill before going to  
 sleep; to be used with  
 great care.

R 1431 Extr. fluid. Rhus. aromatic., 3 v.

S. 15 to 20 drops, 3 times, daily.

In other cases, the administration of Extr. Secal cornut. (Ergot) or Tinct. Nuc. Vom. is attended with good results. The best procedure, however, is faradisation (from the Rectum) of the Sphincter Vesicæ. One cord of a Dubois-Reymond induction apparatus is attached to an ordinary sponge-electrode, which is placed upon the Raphe Perinei in boys, and in girls upon one of the Labia. The other cord is attached to a metal electrode about 3 inches in length (Rectal Reophor of Ultzmann), which, after being well oiled, is introduced into the Rectum. In the beginning, very weak currents are employed; later, these are gradually increased in strength. The sittings are to be given either daily or every other day. The treatment is to be continued for at least 4 or 5 weeks.

**Impotentia. Impotency.** In Impotentia Generandi, treatment is rarely of any benefit and results can only be hoped for when the impotency is due to an affection of the Pars Prostatica Urethræ or the Caput Gallinaginis, in which region it is permissible to apply, by means of the Ultzmann dropper, 5-per-cent Nitrate-of-Silver solutions. From 3 to 5 divisions of the chamber of the dropper are to be injected at a time. The injections are to be made each third day (for details see Catarrh Colli Vesicæ Chron.). In Oligozoospermia, faradisation of the Testicle is indicated,—the same is to be tried in Azoospermia.

In Impotentia Cœundi, due to organic changes of the genital organs, the latter are to be treated. In Hypospadiæ and Epispadiæ, tumors, Elephantiasis of the Penis, etc., operative interference may relieve the impotency. In curvature of the Penis,



from the right to the left ascending Ramus of the Pubic-bone. If, however, there are frequent pollutions, this method of treatment is to be suspended.

**Spermatorrhœa. Seminal Emission. Pollutions.** In Phimosi, stones in the bladder, affections of the Rectum, etc., the treatment is to be directed toward the cause. The mode of life is to be regulated, and every form of sexual excitement avoided. If the patient has an occupation which requires great bodily or mental exertion, an occasional suspension of work is indicated. A sojourn to the country or the mountains is advisable. Cold hydrotherapy and bathing in streams or the seashore are often beneficial. Easily digested food is to be taken; spices, alcoholics, tea, and coffee are to be avoided. The quantity of food ingested at each meal is not to be very large; but to compensate for the same, the meals may be more frequent. Food is not to be taken at too late an hour or in large quantities before retiring. The patient is to rise early in the morning, and is to sleep upon a bed having a hard mattress and only light covering. Sleeping upon the back is to be guarded against. Immediately upon awakening, the bladder is to be evacuated. To anæmic individuals, Quinine and Iron are to be prescribed, and during a state of sexual irritability, the Bromides of Potassium in solution (45 to 60 grains pro die). Occasionally, especially in Spermatorrhœa, Extract Secal cornut (Ergot) is very efficacious (R. 1425). The local treatment with sounds is often followed with good results. The thicker sounds are to be used (see Gonorrhœa Chron.) or the double-current closed catheter (see Impotentia). Astringents, in the form of injections administered with the irrigating catheter (see Catarrh Coll. vesic.) or in the form of suppositories of Tannin (R. 1432) or the following, often act admirably:

℞ 1433 Argent. Nitric., gr. 3/4.  
But. Cacao q. s. ut of suppos. urethr. form. gran.  
hordei. No. 5.  
S. To be introduced with the Porte-remède.

If it is desired to make strong astringent applications to the Caput Gallinaginis, suppositories of double this strength are to be employed, or several drops of a 5-per-cent Nitrate-of-Silver



solution are to be injected with Ultzmann's dropper (see Cat. Coll. Vesic). After the employment of these procedures, the patient must take to his bed and remain in the same for from 2 to 5 days. If hemorrhage develops, cold compresses are to be applied to the Perineum.

In old cases of Spermatorrhœa, faradisation from the Rectum after the manner described under Enuresis, is advisable.



# OBSTETRICS AND GYNECOLOGY

## FROM THE CLINIC

CONDUCTED BY

Prof. FRIEDRICH SCHAUTA, M.D.

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### A. OBSTETRICS.

**Hygiene During Pregnancy.** It may be said in general, that a woman during pregnancy is to continue the routine of her daily life, only she must avoid exertion—the lifting and carrying of heavy weights, over-exercise, etc. The food is to be as nutritious as possible, but overloading the stomach with ingesta, especially at night, is to be guarded against. The accustomed quantities of coffee, tea, light wines, and beer may be taken, providing there has not been an over-indulgence in the same; but every excess in the consumption of these beverages is to be interdicted, as is also the use of heavy wines, cordials, spices, and highly seasoned food. The peculiar cravings, which some pregnant women have for particular articles of food, are to be gratified as far as possible.

It is very important that there should be a regular stool which may be usually obtained by taking sufficient exercise, and eating stewed or fresh fruit. If there is marked constipation, it is to be overcome with enemata of lukewarm water, or, if of a high grade (especially during the latter period of pregnancy), with mild cathartics (Hunyadi water, Ol. Ricin., Electuar. lenitiv., etc.). It is imperative that the outer genitalia be thoroughly and frequently washed, but vaginal injections are to be administered only by the physician himself. Baths, at a temperature of 90° F., may be highly recommended. During the seventh and eighth months, they are to be taken once a week; and during the ninth month, twice a week. Bathing in streams is permissible, but swimming attended with much exertion is to be forbidden.

The clothes of a pregnant woman should be sufficiently warm. The wearing of under-drawers, which, however, must not be too tightly woven, as well as warm stockings, may be highly recommended. The skirt must not be tied, but should be supported from the shoulders with suspenders made for the purpose. Corsets, especially those with whalebone ribs, and tight stockings should not be worn. If the abdomen hangs markedly low, a suitable abdominal support should be used.

Moderate exercise in the open air, unaccompanied with exertion, may be highly recommended; but dancing, leaping, horse-back riding or riding in jolting vehicles, as well as straining the muscles of the arms and breast, are to be forbidden. Great care is to be taken to keep a pregnant woman in the right state of mind and a cheerful mood.

The breasts are to be kept sufficiently warm, and are to be protected from every form of pressure. They are to be faithfully washed. If the nipples are tender and sensitive they are to be bathed with alcoholic solutions. Retracted nipples must not be drawn forward during pregnancy.

### Hyperemesis Gravidarum. Vomiting During Pregnancy.

For the attacks of vomiting, which occur only from time to time as an almost constant symptom during pregnancy, no special therapy is to be employed. Alkaline mineral-waters (Giesshubler, Selters, Biliner) may always be prescribed for this condition. In addition, systematic exercise in the open air is to be advised, and care is to be taken that there is a regular stool. If the vomiting is severe and the nutrition of the patient suffers in consequence, cracked ice, brandy or Champagne are to be taken. The food is to be administered while the patient is lying in a recumbent position, in which she is to remain for about an hour after its ingestion. The following medicaments may be tried:

#### R 1434

Chloroform., gtt. x.  
 Aqu. dest., ʒ iij.  
 S. 10 to 12 drops each time,  
 after vomiting.

Or the Bernatzik's drops  
 (Tropfen).

#### R 1435

Morph. mur., gr. iij.  
 Acid. acet. glaciali q. s. ad sol.,  
 Chloroform., ʒ iv.  
 Alcohol. Absol., ʒ ss.  
 S. 5 drops in sugar-water.

Recently, the following has also been employed:

℞ 1436 Cocain. mur., gr. viiss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 20.  
 S. 1 powder 2 or 3 times, daily.

In severe cases, prolonged rest in bed is advisable. If absolutely no food is retained by the stomach, nutritious enemata are to be given (consisting of milk, the yolks of eggs, meat-Pancreas-Clysters, etc.).

In stubborn cases, the following is frequently effective:

℞ 1437 Argent. nitric., ʒ ss.  
 Aqu. dest., ʒ v.  
 Da in vitr. nigr.  
 S. The Portio Vaginalis is to be swabbed with the solution. If necessary, repeat every other day.

If all of the previously mentioned remedies fail and the patient becomes greatly reduced, as a last resort, premature labor or even abortion is to be induced.

**Hydræmia. Gravidarum.** In severe Œdema, rest in bed, hot baths, and diuretics are indicated. In very grave cases, superficial punctures are to be made (with antiseptic precautions) but not upon the Labia, unless positively necessary, and then only in a few places on account of the danger of bringing on premature labor-pains.

N.B. As regards the treatment of affections of the Parturient canal during pregnancy, see the chapter on Gynecology.

**Management of the Different Stages of Labor.** With the approach of the first strong labor-pains, the woman about to be delivered is to make preparations to take to her bed. During the first stage (Dilatation of the Cervix), a recumbent position upon the back is to be assumed. If food is requested, a little broth as well as cold non-stimulating beverages may be given. The bowels are to be timely unloaded through the administration of enemata; the fæces are to be collected in a bed-pan partially filled with lukewarm water. Attention is

to be paid to the evacuation of the bladder. If necessary, the urine is to be withdrawn with a catheter.

During the second stage of labor (Expulsion), the patient is to lie upon her side with the left leg extended and the right flexed in the knee-joint. The physician or the nurse is to stand back of the patient. The left hand, coming over the Symphysis and held against the Vulva, is to control the presenting part; and the right hand, placed flat upon the Perineum for the purpose of protecting the Perineum from rupture, is to press during each labor pain against the advancing fœtus. In the commencement, the puerpera is to assist expulsion by contracting her abdominal muscles during the pains; but as soon as the presenting part bulges the Perineum, she must discontinue. If a rupture of the Perineum is threatened, lateral incisions (Episiotomy) are to be made with a probe-pointed bistoury or the scissors. If after the delivery of the head, the naval-cord is found coiled around the neck, it is to be loosened by moderate traction upon the same, and then shoved over the shoulders. If the duration of labor is prolonged, by reason of the body not being delivered, the abdomen and the Fundus Uteri are to be massaged and the puerpera is to be urged to bear down. The index finger may be hooked into the child's Axilla which is turned more posteriorly, and traction made downward. The Perineum must be protected with the right hand until the thorax has been delivered.

During the third stage (Delivery of the Placenta), the mother is again to lie on her back; warm sheets are to be placed upon the bed. The manner in which the womb contracts is to be closely watched by placing the hand frequently upon the abdomen. After the lapse of half an hour, the Placenta, which is usually detached in that time, is to be expressed by making slight pressure.

If the expulsion of the Placenta is delayed, the precautions and procedures mentioned under Post-Partum Hemorrhage are to be observed. After the Placenta has been delivered it is to be thoroughly inspected to ascertain whether it has been entirely discharged and all of the membranes removed. After labor has ended, the Parturient Canal is to be examined for any possible injuries that may have been occasioned. Large lacerations of

the Cervix, of the Vagina, of the Labia, or the Perineum and and wounds made in the performance of an Episiotomy are to be sutured (with strict antiseptic precautions) with silk, sterilized in corrosive sublimate, after which Iodoform powder is to be dusted over the wounds. The stitches are to be removed on the sixth or seventh day. Superficial epithelial bruises are to be swabbed with Tincture of Iodine.

Previous to every digital examination, the hands and forearm of the physician and nurse must be first thoroughly washed with soap and brush and the nails carefully cleaned after which the hands are to be disinfected in a 1 to 1000 Corrosive-Sublimate solution, then in absolute alcohol and finally dipped (from time to time) in a Corrosive-Sublimate solution:

℞ 1438 Mercur. sublim. corros., gr. xv.  
 Aqu. dest., ʒ xxxij.  
 S. 1:1000 Corrosive-Sublimate solution.

Recently, the following has been employed:

℞ 1439 Mercur. sublim. corrosiv., gr. xv.  
 Acid. tartar., gr. lxxv.  
 M. fiat pastill. dent. tal. dos. No. 10.  
 S. 1 pastile to a litre (33.816 fluid ounces) in water.

The Vagina is to be irrigated, after each examination, with the following:

℞ 1440 Acid. carbolic. pur., ʒ v.  
 Aqu. dest., ʒ xxxij.  
 S. 2-per-cent Carbolic-Acid solution (to be employed in a warm state.

Or the following:

℞ 1441 Lysol. pur., ʒ iiss.  
 Aqu. dest., ʒ xxxij.  
 S. 1-per-cent Lysol solution.

After every operative procedure in the uterine cavity, this region is also to be irrigated with a 2-per-cent Carbolic-Acid or Lysol solution. A glass uterine irrigator is to be used, the glass nozzle of which is to be introduced while the solution

is flowing through the same under moderate pressure. This is done to expell whatever air may have collected in the tube and thus prevent its entrance into the uterine veins.

**Care of the Infant.** As soon as the child is born, the mouth must be freed with the finger or with a piece of sterilized gauze of the mucus which may have collected. When the pulsation of the Navel Cord has ceased, it is to be tied at a distance of about an inch and a quarter from the Navel. A disinfected piece of strong thread is to be used for this purpose. Two ligatures are to be applied and between these, the Cord is to be severed. The stump of the Cord is to be wrapped in a piece of absorbent cotton. The child is to be annointed (especially upon the folds of the skin) with fat or Glycerine and immediately thereafter a bath at a temperature of from 92 to 95° F. is to be given. To prevent Opthalmo-blennorrhœa, the following is to be dropped into each eye.

℞ 1442	Argent. nitric.,	gr. iij.
	Aqu. dest.,	3 iiss.
	S. 1 drop is to be dropped into the conjunctival sack of each eye.	

After the first sleep of the puerpera, the child is to be placed for the first time to the breast. The clothes of the infant are to be warm but not tight fitting. In children, prematurely born, it is best to envelop the whole body, commencing at the shoulders, in a layer of absorbent cotton.

In asphyxia of the child, an examination is first to be made of the Pharynx and mouth with the small finger. Coagula of blood and mucus are to be removed either with the finger, by aspiration with the balloon catheter, or by direct suction with the mouth. Then the child is to be thrust into a warm bath and cold water dashed rhythmically upon the Epigastrium. Upon being removed from the bath, the child is to be wrapped in warm sheets and artificial respiration is to be practised by making regular pressure with the finger applied gently upon the Epigastrium. The so-called Schultze's method may be advantageously employed (i. e. the physician swings the infant, which he has seized from the back beneath the Axilla, above

his shoulders and down again). Blowing air directly into the lungs with the catheter of G. Braun may also be tried, but care is to be taken to introduce the tip into the Larynx and not into the Oesophagus as is usually the case. Under all circumstances the attempts at resuscitating the child are to be continued as long as the cardiac pulsations are perceptible.

**Pains Resulting from Excessive Cramps. Spastic Stricture of the Cervix Uteri.** Chloroform Narcosis is most effective:

R 1443	Chloroform.,	3 vj.
	Ether. sulph.,	
	Alcohol. absol.,	āā 3 ij.
	S. For the production of anæsthesia.	

If Narcosis seems a dangerous undertaking, on account of diseased conditions of the respiratory or circulatory organs, hypodermic injections of from  $1/8$  to  $1/3$  of a grain of Morphia are to be administered. If the External Os appears as a stiff and but little distensible ring, lateral incisions are to be made (Hysterostomatotomy). After the labor has been ended, the edges of the resulting wound are to be brought together with silk sutures.

**Labor in Women Having Narrow Pelves.** In every case, it is imperative to individualize, not only according to the grade but the form as well. In general, the following rules are applicable, especially in the Pelvis Justo Minor (in which all the diameters from the Brim to the Outlet are equally diminished) and the Flattened Pelvis.

The woman is to be placed in bed during the earlier stages of labor. In a Pelvis having a Conjugata Vera (diameter) of 9 centimeters (3.55 inches), no special procedure is usually necessary. Only when the life of the child is endangered or when there are grave symptoms which threaten the life of the mother is the labor to be ended by Version followed by extraction; or, when the mouth of the womb is completely dilated and the head of the child lodged at the Superior Straight, are forceps to be applied. If the head is extraordinarily large, a Craniotomy is to be performed.



If the Conjugata Vera is from 7 to 9 centimeters ( $2\frac{3}{4}$  to  $3\frac{1}{2}$  inches) likewise nothing is to be done but to carefully watch the progress of the labor and to especially note the heart-tones of the child. If the head does not enter the Superior Straight, notwithstanding that the Os is sufficiently dilated to admit the whole hand, Version is to be practised. If the head is firmly impacted at the seat of constriction and does not move further forward and the life of either the mother or the child is threatened, the forceps are to be tried upon the highly situated head. If this procedure fails, perforation of the head of the living or dead child is to be resorted to. After the head has passed the constricted part, a spontaneous delivery is to be awaited. Only in event of secondary weakening of the pains are the forceps to be applied.

In a Conjugata Vera of  $5\frac{1}{2}$  to 7 centimeters ( $2\frac{1}{6}$  to  $2\frac{3}{4}$  inches), the head of the living or dead child is to be perforated, or, providing of course the child is likely to live, a Cæsarean section performed.

In a Conjugata Vera of  $5\frac{1}{2}$  centimeters ( $2\frac{1}{6}$  inches), a Cæsarean section is unavoidable and must positively be performed.

If the contracted Pelvis has been diagnosed during the early months of pregnancy, it is advantageous to resort to premature delivery. In a Conjugata Vera of  $7\frac{1}{2}$  to 9 centimeters ( $3$  to  $3\frac{1}{2}$  inches), premature labor is to be induced from the thirty-third to thirty-sixth week of gestation (according to the degree of contraction.)

**Transverse Presentation.** The woman is to take to her bed as soon as possible. At first, a trial is to be made by placing the patient upon her side to convert the presentation into one of the head or breech. If this procedure fails, an attempt is to be made to right the position by external manipulation with the hand. If this is also unsuccessful, as soon as the Os has dilated sufficiently to admit the fingers, Version, after the method of Braxton-Hicks, by combining external and internal manipulations, is to be attempted. If this also proves futile, Podalic Version is to be performed (if possible, before the rupture of the membranes) by drawing one extremity into the Vagina for a considerable distance above the knee. After Ver-



sion has taken place, extraction is not to be hastened. Not until the child has been spontaneously delivered as far as the navel is it to be undertaken. Only in event of the life of the mother (Eclampsia, etc.) or that of the child being threatened, is the child to be immediately extracted when the Os has become sufficiently dilated.

**Prolapse of an Extremity.** In event of prolapse of an arm by the side of the head when the membranes are still intact, the patient is to be placed upon the side opposite to that of the prolapsed limb. If the membranes have been ruptured, the arm is to be replaced by sweeping it across the face and then placing the woman in the previously mentioned position. If the arm falls continually forward or a reposition is impossible, even though the head is still high in the Pelvis, Podalic Version followed later with extraction is indicated. If the head has already become engaged at the Superior Straight and it is impossible to replace the arm, a spontaneous termination of labor is to be awaited. If the same does not take place, a Craniotomy is to be performed. If both arms are prolapsed by the side of the head when it is still high in the Pelvis, Podalic Version is indicated. If a leg prolapses by the side of the head, Version with this foot is to be performed and if possible by the combined manipulation (bi-polar method). If the head has become firmly impacted at the Inferior Straight, so that Version is no longer possible, it is to be perforated and extracted with a cranioclast.

The prolapse of an extremity in a Transverse Presentation will require timely Cephalic Version after the method of Braxton-Hicks (bi-polar method) or Podalic Version. Traction upon a prolapsed arm is not to take place under any circumstance.

**Presentation and Prolapse of the Umbilical Cord.** In a Funis Presentation (i. e. when the membranes are still intact), during the first stage of labor, care is to be taken not to rupture the membranes. The patient is to be placed on the side opposite to that of the presenting Funis and nothing is to be done but to avoid compression of the cord. When the Os

has dilated sufficiently to admit two or three fingers, the Umbilical Cord is to be replaced, rupture of the membrane being guarded against as much as possible, while doing so. After reposition, the patient is to be placed upon the side corresponding to the presentation. If it is impossible to replace the Cord, the membranes are to be ruptured and the prolapsed Cord managed according to the indications.

In prolapse of the Cord (i. e. after rupture of the membranes), manual reposition of the same is to be made while the woman is lying upon her back. If a manual reposition is not easily accomplished, the Navel Cord Repositorium (of Carl Braun) is to be tried. After the Cord has been replaced, the patient is to be placed at complete rest and the further progress of the labor constantly watched. If the life of the child is threatened, forceps are to be employed or, if possible, Version followed by extraction is to take place. If it is impossible to replace the Cord, an attempt is to be made at Version; or, if the head is impacted and the child is alive, forceps are to be applied. If, however, the child is dead, a Craniotomy is to be performed.

A prolapsed Cord in a Breech Presentation is at first to be treated expectatively; but, as soon as the life of the child is threatened, a rapid extraction is to take place.

In Transverse Presentations, the prolapsed Cord requires no special treatment; it is only necessary to rectify the position of the child in some suitable way.

**Rupture of the Uterus During Labor.** If a rupture of the wound is threatened, the woman must be delivered as rapidly as possible but Version is not to be resorted to. If the head is in a suitable position for applying the forceps and the Os is sufficiently dilated, delivery with the forceps is to take place, otherwise, perforation of the head.

In a Transverse Presentation, an embryotomy is to be performed. When a rupture has taken place, the fœtus, likewise, is to be rapidly extracted. If the child is still in the Uterus and the head presents, the forceps are to be employed or the

Cranium is to be perforated. If the child has entered the abdominal cavity, extraction per Vaginam is not to take place, unless the feet are close to the tear, are easily reached, and the Cervix is sufficiently dilated. Under every other condition, a Laparotomy is to be performed. The after-birth is to be removed as soon as possible.

### Hemorrhage Occurring During the Birth of the Child.

In hemorrhage due to rupture of the Uterus, the child is to be removed as soon as possible and a Laparotomy performed for the purpose of suturing the wound. In hemorrhage due to Placenta Prævia, occurring during the first stage (dilatation), the Vagina is to be tamponed. As soon as the Cervix has dilated sufficiently to admit two fingers, the membranes are to be ruptured and Podalic Version performed by internal and external manipulations (bipolar method) or by introducing the whole hand into the Uterus. Traction is to be made upon the withdrawn leg in such a way that the breech acts as a tampon upon the bleeding area. Extraction is not to be hastened. The third stage of labor (Expulsion of Placenta) is to be managed in the usual way.

In hemorrhages due to Placenta Prævia, occurring during pregnancy, nothing is necessary, providing the hemorrhages are slight, but to place the patient in bed, to prescribe a mild diet, and to avoid excitement and bodily exertion. In profuse hemorrhages of a longer duration, the Vagina is to be tamponed with strips of Iodoform gauze or a thoroughly disinfected Colpeurynter of the form used by Carl Braun is to be employed.

In hemorrhage, due to premature detachment of the Placenta (that is when the Placenta is normally situated), the Uterus is to be briskly massaged during the commencement of labor. If the hemorrhage still continues, after the employment of this procedure, the membranes are to be ruptured, and, as soon as the Cervix is sufficiently dilated, Podalic Version is to be resorted to and, followed by manual, or, if necessary, instrumental extraction.

In Vasa Umbilicalia Prævia, as soon as the Cervix is sufficiently dilated, Version and extraction are to take place.

**Postpartum Hemorrhage.** In hemorrhage resulting from injuries to the soft parts during the expulsion of the child, the lacerations are to be sutured under the strictest antiseptic precautions after the completion of labor. In hemorrhage due to weak contraction (Atony) of the Uterus, and thereby delayed detachment of the Placenta, the manipulation of Cr  d   is to be resorted to. This consists in gently massaging the region of the womb until contractions of the Uterus becomes discernable. When the contractions have apparently acquired their greatest force, the Fundus of the Uterus is to be seized with one hand (if this does not suffice, two hands are to be used), and the Fundus and walls are to be circularly compressed in the direction of the concavity of the Sacrum. At the same time, Ergot is to be given; best subcutaneously.

℞ 1444 Ergotin. bis. depurat., 3 j.  
 Aqu. dest.,  
 Glycerin., āā 3 iij.  
 S. From 8 to 15 drops are to be injected hypodermically.

Recently the following has been employed:

℞ 1445 Ergotin. de Bombellon lagen.  
 S. 1 to 2 hypodermic-syringefuls are to be injected (from 15 to 30 minims):

If the Placenta has become adherent to the uterine wall, it is to be loosened by inserting the disinfected hand into the Uterus between the Placenta and the internal uterine wall. In retention of the Placenta, due to premature contraction of the Os, an an  sthetic is to be administered and the Cervix carefully dilated with the introduced finger, after which the Placenta is to be removed.

In hemorrhage occurring after detachment of the Placenta, the Uterus is to be vigorously massaged, either through the abdominal wall or by inserting one hand (previously thoroughly disinfected) into the Vault of the Vagina or the fist into the Uterus itself, and making counter-pressure with the other hand upon the abdominal wall. Furthermore, cold carbolated or fer-rated water may be injected into the Uterus, the nozzle of the

irrigator being introduced while the solutions are flowing through the same. The bladder, whenever filled to distension, is to be catheterized. If any portion of the Placenta or Coagula of blood remain behind they are to be removed.

After hemorrhage has been checked, the patient is to lie perfectly quiet with outstretched legs close together. The Vagina is to be tamponed with Iodoform gauze. Ergotin is to be administered to prevent the return of hemorrhage:

℞ 1446 Pulv. Secal. cornut. (Ergot.) ʒ iss.  
 Elasesocch. Cinnam., ʒ j.  
 M. f. pulv., div. in dos. No. 20.  
 S. 2 or 3 powders. Or:

℞ 1447 Inf. Sec. corn. (e 10:200), ʒ vj.  
 Elixir. acid. Haller., ʒ ss.  
 Syr. rub. Idæi, ʒ iv.  
 S. 1 tablespoonful, in the commencement, every quarter of an hour; later, every 2 hours.

In Acute Anæmia, resulting from hemorrhage, wine, rum, brandy, or the following are to be administered:

℞ 1448 Tinct. Cinnamon., ʒ j.  
 S. 1 teaspoonful in water. Or:

℞ 1449 Ol. Cinnamon. ether., ʒ iiss.  
 Ether. sulph., ʒ j.  
 S. From 5 to 10 drops, in water, every 1/4 of an hour.

In attacks of syncope, accompanied with pronounced pallor of the face, the following is to be given:

℞ 1450 Ether. sulph., ʒ ij.  
 Tinct. Opii simpl., ʒ j.  
 S. From 5 to 10 drops, every 1/4 of an hour, in water.

Hypodermic injections of Ether Sulph. or Camphor act more rapidly. In the most severe forms of Anæmia, infusions of cooking-salt are to be injected subcutaneously with the apparatus of Dieulafoi:



after which the womb is to be supported by a well-fitting pessary.

If an examination of the genital tract of the patient does not reveal the cause of the abortion, the presence of a syphilitic history in the wife or husband is to be ascertained and if found, one or both are to receive an anti-syphilitic treatment. In those cases of habitual abortion for which there are no apparent cause, the following may be highly recommended:

R 1454 Kal. chloric., 3 iiss.

Extr. Liquir. q. s. ut f. pill No. 30.

S. 1 pill, 3 times, daily; after every 3 days, the dose is to be increased until 9 pills per day are taken.

Whenever an abortion is threatened, patient is to be kept in bed until the bloody discharge has entirely ceased. Easily digested food is to be given and every exertion avoided. If there is severe hemorrhage, the Vagina is to be tamponed with Iodoform gauze or the colpeurynter of Karl von Braun (after being thoroughly disinfected) is to be introduced and allowed to remain until the hemorrhage ceases or, if the abortion can not be prevented, until the Ovum lies in the Cervix. Every 4 or 5 hours, however, the colpeurynter must be removed, cleansed, freshly disinfected and, before again being introduced, the bladder must be emptied by means of the catheter. If the Ovum is entirely detached, but its discharge through the Cervix is delayed, it must be removed with the finger or forceps. Remnants of the Ovum, which may have been left behind, must also be removed with the finger. After an abortion has been induced, especially if manual procedures were necessary, the Uterus is to be thoroughly douched with a 2-per-cent Carbolic-Acid solution. In hemorrhage occurring after an abortion, whatever portions of the Ovum may have been retained in the Uterus are to be removed with the finger or Simon's curette, after which the Vagina is to be tamponed with Iodoform gauze, and Ergotine administered. In Endometritis post-abortionum, excochleation is indicated (see Endometritis Puerperalis).

**Management of Child-Bed.** Immediately after birth, the Vagina and Vulva are to be disinfected. A compress saturated



in a two-per-cent Carbolic-Acid solution is to be applied over the outer genitalia and changed every few hours. The soiled bedding, underwear, and linen of the puerpera are to be changed. For at least 3 hours after the birth of the child, a physician or a skilled nurse must remain by the side of the patient to watch the progress of contraction of the womb and to note whether any hemorrhage takes place. The puerpera is to be allowed to sleep quietly for several hours after delivery and is to keep to her bed under ordinary circumstances from 9 to 10 days. During the first 2 or 3 days, the mother is to rest upon her back with her extremities lying apart, later also upon either side. The room is to be kept at a temperature of from 65 to 68° F. and is to be well ventilated and not to be darkened. The temperature and pulse of the patient are to be frequently taken. The diet during the first 3 or 4 days is to consist of milk and broths; from the commencement of the fourth or fifth day, a little meat is also to be given, and from then on, more strengthening food is to be taken. If there is no stool by the third or fourth day, an enema of water or *Ol. Ricini* is to be administered. For *Coprostasis* the following are to be prescribed:

℞ 1455 Infus. fol. Sennæ (e 10 ad 100), ʒ iij.  
 Syr. rub. Idæi, ʒ iiss.  
 S. 1 tablespoonful every 2 hours until there  
 is a stool.

℞ 1456 Hydromell. infant.,  
 Tinct. Rhei. (aquos), āā ʒj.  
 S. Tablespoonful at a time.

If there is pronounced diarrhœa, the following:

℞ 1457 Decoct. Salep., ʒ viij.  
 Tinct. Opii simpl., gtt. x.  
 S. 1 tablespoonful every half hour.

℞ 1458 Pulv. Doveri, gr. xii.  
 Opii pur., gr. iss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder, every 2 hours.



R 1459	Acid. Tannic.,	gr. xv.
	Opii pur.,	gr. j.
	Sacch. alb.,	3j.
	M. f. pulv. div. in dos. æqu. No. 10.	
	S. 1 powder, 3 times, daily.	

If there is retention of urine, the bladder is to be regularly evacuated by means of a thoroughly disinfected catheter. Each time, before the introduction of the catheter, the Vagina is to be cleansed and disinfected.

**Puerperal Fever. Child-Bed Fever.** For its prevention, the antiseptic procedures previously mentioned, are to be strictly carried out during labor. Whenever a puerpera develops fever (providing she happens to be confined in a lying-in institution), she is to be at once isolated from the other patients. Physicians and nurses who come in contact with the patient must not examine or treat any women about to be confined for the next few days. Whatever instruments may have been employed upon the patient are to be placed in boiling water. The linen is to be boiled in a five-per-cent Carbolic-Acid solution before it is again used.

As regards the treatment to be employed during Puerperal Fever, the first thing to be done is to thoroughly examine and disinfect the genital tract (commencing from below and going upward). The Vulva and Vestibulum are to be examined, small ulcerations covered with a grey coating are to be cleansed with a small gauze-sponge which has been dipped in a 2½-per-cent solution of Carbolic Acid after which the ulcerations are to be swabbed with Tinct. of Iodine. Gangrenous areas are to be covered with pieces of absorbent cotton, saturated in Burow's solution (R 1260). The latter are to be changed twice a day. If the fever is not above 101½° F. and the lochial discharges are not foul smelling, it will suffice to douche the uterine cavity with the following solution of Thymol:

℞ 1460 Acid. Thymic., 3j.  
 Aqu. font., O viij.  
 S. (1:1000 Thymol solution). For Uterine  
 douches. Or:



pencil has been inserted into the womb), the Bozeman forceps are to be removed and the Vagina tamponed with Iodoform gauze, which is to remain in place for one day. Excochleation should take place at as early a day as possible.

In Parametritis, Priessnitz's compresses are to be applied and later the abdominal wall and vaginal mucous membrane are to be painted with tincture of Iodine.

**General Treatment:** Patient is to be placed upon a fever diet and in addition alcoholics (rum, brandy, and sherry) are to be freely administered. If there is high fever, antipyretics are to be prescribed and cold packings are to be employed. If there are severe pains, Morphium is to be administered either internally or subcutaneously and if there is constipation, cathartics (R 1455 and 1456).

**Hemorrhages Occuring During Confinement.** Coagula of blood which have accumulated in the uterine cavity are to be removed by expression. Retained portions of the Placenta are likewise to be assisted in their expulsion through expression, massage of the Uterus, or are to be loosened with either the fingers or the curette. The remaining treatment is to consist of injections of Ergotine. The following are to be prescribed for moderately protracted hemorrhages or the prevention of their return:

R 1463 Pulv. Secal. cornut. (Ergot), 3 iss.  
 Elæosacch. Cinnamom., 3j.  
 M. f. pulv. div. in dos. æqu. No. 20.  
 S. 1 powder, 3 times, daily.

R 1464 Ergotin. (extr. Ergot), gr. xlv.  
 But. Cacao q. s. ut f. suppos. No. 10.  
 S. 1 or 2 suppositories, daily.

**Galactorrhœa.** The amount of food taken is to be reduced. Cathartics are to be given. Magnes. sulph. or Natr. sulph. are best.

**Insufficient Secretion of Milk.** The general nutrition is to be improved by administering nutritious food, especially large

quantities of milk and amylacea. Beer may be given in moderate quantities.

**Galactostasis.** The breasts are to be elevated by a suitable support. Vaseline is to be applied over and rubbed with a massage-like movement into the breasts. Massage is to take place from the periphery toward the centrum. After the breasts have been annointed with Vaseline, compresses, saturated with Liquor. Burowi (R 1260), are to be applied. Internally, a mild cathartic is to be given. If Mastitis develops, it is to be treated surgically.

AVERAGE DIMENSIONS OF THE FEMALE PELVIS  
AND HEAD OF THE CHILD AT BIRTH:

	Centimeters.	Inches.
From one Spin. Ilei anterior. super. (outside of the attachment of the Muscul. Sartor.) to the other.....	26 =	10.25
Between the Cristæ Ilei.....	29 =	11.42
Between the greater Trochanters.....	31 =	12.2
Conjugata Externa (Diameter of Baudelocque) from Spinous Process of last Lumbar vertebra to upper border of the Symphysis.....	20 =	7.874
Conjugata Vera.....	11 to 11.5 =	4.33 to 4.52
Conjugata Diagonalis from Angle of the Pubic Arch to the Promontorium of the Sacrum.....	13 =	5.118
Difference between the Conjugata Diagonalis and the Conjugata Vera.....	1.7 =	.669
Transverse Diameter of the Superior Straight.....	13.5 =	5.3
Oblique Diameter of Superior Straight from Artic. Ileosacral, to the Tub. Ileopectin. of the other side.....	12 =	4.724

	Centimeters.	Inches.
Sagital Diameter of the middle of Pelvis from junction of the 2d and 3d Sacral Vertebræ to middle of the Symphysis	12.5 =	4.92
Transverse Diameter between the two Acetabula .....	13 =	5.118
Transverse diameter of the Pelvic Outlet (between inner border of the Tuberos- ities of the Ischiæ) .....	11 =	4.33
Circumference of head of child at birth	34.5 =	13.582
Occipito-frontal Diameter .....	11.5 =	4.5
Bi-Parietal Diameter .....	9 =	3.54
Bi-Temporal Diameter .....	8 =	3.1496
Occipito-Mental Diameter .....	13.5 =	5.3
Sub-Occipito Bregmatic .....	9.5 =	3.74

## B. GYNÆCOLOGY.

**Vulvitis.** Inflammation of the External Genitalia. The causative agent is to be removed, such as uncleanness, suppurating cancers, the discharge of urine from a vesico-vaginal fistula, irritation resulting from onanism or worms (*Oxyuris Vermicularis*) *Pruritus Vulvæ*, and *Gonorrhœa* (which see).

**Pruritus Vulvæ.** Whenever possible, the cause is to be ascertained and relieved (*Vulvitis*, *Diabetes*, *Neuroses* occurring in old women, and *Eczema* of the Genitalia). If the later condition exists, the patient is to be cautioned about allowing urine to come in contact with the affected area. Mild salves, such as *Unguentum Diachylon* or inunctions with Tar (7-per-cent-Alcoholic solution), followed by protracted baths or the following are to be prescribed:

℞ 1465    Ungu. Vasin. plumbic.,            ʒ iss.  
               Zinc. oxyd.,  
               Cetacei,                            āā    gr. xlv,  
               M. f. ungu.  
               S. Salve,

To anæmic individuals, Iron is to be given. For the itching, the following internally:

- ℞ 1466    Natr. Brom.,  
             Kal. Brom.,                      āā    ʒ iiss.  
             Ammon. Brom.                    gr. lxxv.  
             M. f. pulv. div. in dos. æqu. No. 5.  
             S. 1 powder dissolved in water is to be taken  
                 during 24 hours.

If alterations have taken place in the skin in circumscribed, isolated areas, the affected portions may be excised and the resulting wound sutured according to the method of Schröter and Kustner.

When the Pruritus is a symptom of a neurosis, the following is to be prescribed:

- ℞ 1467    Acid. carbol.,                      gtt. xxv. to lxxv.  
             Aqu. dest.,                        ʒ iss.  
             S. To be applied over the itching areas with a  
                 swab.                              Or:

- ℞ 1468    Argent. nitr.,                        gr. xvj.  
             Aqu. dest.,                        ʒ j.  
             S. Like the preceding.

If the affection is very severe, the involved areas are to be swabbed with a 10 to 20-per-cent solution of Argentum Nitricum. Or:

- ℞ 1469    Acid. carbol. pur.,  
             Alcohol. absol.                    āā    ʒ ij.  
             S. For swabbing.

These swabbings are to be repeated at intervals of not less than a week. During the intervals, the previously mentioned salve (℞ 1465) or if there is severe pain, the following are to be applied:

- ℞ 1470    Cocain, mur.                            ʒ ss.  
             Ugu. emoll.,                      ʒ v.  
             S. Salve,

In extraordinarily severe cases, the Nymphæ or Clitoris may be excised.

**Vaginismus. Spasm of the Sphincter Muscles of the Vagina.** If due to a local affection, this is to be relieved; in addition, the patient is to be treated psychically. If abrasions are present, such as small fissures, they are to be thoroughly cauterized with Nitrate of Silver in substance, Fuming Nitric Acid, or the Paquelin cautery. If the Hymen has become inflamed and thickened through frequent attempts at coitus, it is to be distended with the finger without producing hemorrhage (under the influence of an anæsthetic). In the idiopathic form of Vaginismus, occurring as a sign of a Hystero-Neurosis, a general constitutional treatment (which, however, often does not have the desired effect) is to be tried.

**Fluor Albus. Leucorrhœa.** If possible, the cause is to be ascertained and treated. A poorly fitting pessary must be removed, and one which has been in place for a very long time changed. Other foreign bodies such as tampons which have been forgotten, sponges, etc., are to be withdrawn. In prolapsus of the Vagina, reposition followed with the introduction of a pessary or an operation are indicated. A causative Chlorosis is to be treated.

*Local Treatment.* The Vagina is to be douched with disinfecting or astringent solutions. The woman herself is to administer the douches by inserting into the Vagina a uterine nozzle attached to a rubber tube communicating with an irrigator filled with the desired solution. The douches are to be repeated twice, daily. The solution must be injected only under slight pressure—it should have a temperature of about 95° F. The first portion of the solution, which is cooled by coming in contact with the rubber tube, should be allowed to flow in the basin placed under the patient.

℞ 1471 Kali Hypermang., gr. lxxv.  
 Aqu. dest., 3 vj.

S. Of this solution, as many drops are to be added as will be necessary to impart a wine color to the irrigating solution. Or;

R 1472

Zinc. Sulph.,

Alum. crud.,                      āā    ʒj.

S. 1 teaspoonful to 1 quart  
of water.

Or:

R 1473

Alum. crud.,                      ʒ ij.

S. 1 teaspoonful to 1 table-  
spoonful in a quart of water.

Of the antiseptic solutions, 1- to 2-per-cent solutions of Car-  
bolic Acid, or the following are most employed:

R 1474

Creolin.,                      ʒ ss.

Aqu. dest.,                      ʒ v.

S. 1 tablespoonful to a quart  
of water.

R 1475

Lysoli pur.,                      ʒ ij.

Aqu. dest.,                      ʒ iv.

S. 1 tablespoonful to a quart  
of water.

N. B.—Local therapy is to be employed as little as possible  
in unmarried women.

**Gonorrhœa. 1. Gonorrhœa Vulvæ et Vaginæ.** An  
antiphlogistic treatment is indicated during the acute stage.  
Cold applications and compresses saturated in lead-water are to  
be placed upon the External Genitalia. The Vulva is to be  
thoroughly washed and the Vagina douched with antiseptic  
solutions. The best for this purpose is the following:

R 1476

Merc. subl.,                      gr. xv.

Aqu. dest.,                      ʒ xxxij.

S. 1:1000 Corrosive-Sublimate solution. (Only  
in the hands of the physician.)

In place of the Corrosive-Sublimate solution,  $\frac{1}{2}$ - to 1-per-  
cent Lysol. solutions may be employed.

The douches are to be given by the physician himself.

A cylindrical speculum is first introduced and the Vaginal  
portion brought into view. Whatever secretion may be found  
is wiped away with a piece of absorbent cotton. While the  
douche is being given, the speculum is drawn back and  
forth—a manipulation whereby the solution is brought in con-  
tact with every portion of the vaginal mucous membrane. After  
the parts have been douched, an absorbent-cotton tampon, to  
the lower end of which a string is attached, is to be inserted.



This tampon is removed on the next day by the woman herself. It is of advantage to impregnate the tampon with some medicinal preparation. For this purpose, the following are well adapted:

# **R 1477**

Acid. Tannic., gr. lxxv.  
Glycerin.,  $\bar{3}$  iij.  
S. According to directions.

Or:

# **R 1478**

Ammon. sulfichthyol.,  $\bar{3}$  iiss.  
Glycerin.,  $\bar{3}$  iij.  
S. Like the preceding.

Or what is now employed extensively:

# **R 1481**

Dermatol.,  
Acid. Tannic.,  $\bar{3}$  ss.  
S. Like the preceding.

# **R 1479**

Iodoform. pulv.,  
Acid. Tannic.,  $\bar{3}$  iij.  
S. For dusting the tampons.

Or:

# **R 1480**

Alum. crud.,  
Amyl. Oryz.,  $\bar{3}$  ss.  
S. Use like the preceding.

In the more chronic cases, astringents may afterward be employed or the latter may be alternated with antiseptic solutions (see Fluor Albus, R 1471 to 1473). Injections of the following (with the aid of the cylindrical speculum) are much employed:

# **R 1482**

Argent. Nitric.,  $\bar{3}$  iiss.  
Aqu. dest.,  $\bar{3}$   $3\frac{1}{2}$ .  
Da in vitr. cærul.  
S. 10-per-cent Nitrate-of  
Silver solution.

Or:

# **R 1483**

Cupr. Sulph.,  $\bar{3}$  iiss. to v.  
Aqu. dest.,  $\bar{3}$  iij.  
S. For injecting into the Vagina.

The complicating Urethritis which is rarely absent is to be treated in the following way: First, the secretion is expressed from the Urethra by inserting the finger in the Vagina and pressing against the Septum Urethralis; then, a Playfair sound, around the point of which absorbent cotton has been wound, is dipped into a  $\frac{1}{2}$ - to 1-per-cent Corrosive-Sublimate solution and, after being well wrung out, the Urethra is thoroughly

swabbed with the same. When there is also a catarrh of the bladder, this organ is to be washed out one or two times during the day. In mild forms, the following may be employed for this purpose:

℞ 1484	Acid. Bor.,	℥ iiss. to ℥ j.
	Aqu. dest.	℥ xxxiiij.
	S. For washing out the bladder.	

In severe forms 1/20- to 1/10-per-cent solutions of Nitrate of Silver are to be employed. If there is severe pain, the bladder is to be anæsthetized with a few scruples of a 5- to 10-per-cent solution of Cocaine before it is washed out. The irrigating fluids must be warm.

In addition to the local therapy, mineral-water such as Giesshühler, Preblauer, Biliner, etc., and a non-irritating diet are to be prescribed. Milk agrees best. The following are to be taken internally:

℞ 1485	Or:
Herb. Hermar.,	℞ 1486
Fol. Uv. urs.,           āā   ℥ ss.	Salol.,                           ℥ iiss.
S. Tea. 1 teaspoonful is to	Div. in dos. æqu. No. 10.
be taken in a cup of water,	S. 3 to 5 powders, daily.
morning and evening.	

**2. Ascending Gonorrhœa.** For the treatment of a Gonorrheal Endometritis (Catarrhus Cervicis), Salpingitis et Oophoritis Gonorrh. (Tumor adnexorum e Gonorrhœa), Perimetritis Gonorrh., see respective headings upon Endometritis, Salpingitis and Oophoritis, and Perimetritis.

**Metritis Acuta. Acute Inflammation of the Womb.** Treatment is to be symptomatic. Absolute rest in bed is imperative. It is best to have the upper portion of the trunk lower than the Pelvis, which may be accomplished by elevating the foot of the bed. If there is fever, a fever-diet is to be prescribed, and attention is to be paid to secure a regular stool and evacuation of the bladder. If there is severe pain and there are symptoms of Peritoneal irritation, an ice-bag (which must not be too heavy) or Leiter's metallic coil is to be placed

upon the abdomen. For excessively severe pains, narcotics are to be prescribed:

℞ 1487 Morph. mur., gr. iss.  
 Sacch. alb., gr. j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders, daily. Or:

℞ 1488 Morph. mur., gr. iss.  
 But. Cacao. q. s. ut. f. suppos. vagin. No. 5.  
 S. 1 suppository is to be used at night.

Instead of the vaginal suppositories, rectal suppositories or hypodermic injections of Morphia may be employed.

If there is a congestive hyperæmia of a high degree and the Uterus is extremely sensitive, it is advisable to also withdraw blood from the Portio Vaginalis. This is best done by sacrifice with the knife devised for that purpose or a pointed bistoury. A cylindrical speculum is to be first introduced, and from 5 to 10 punctures are to be made which are allowed to bleed for several minutes, after which an Iodoform tampon is to be inserted.

### Metritis Chronica. Chronic Inflammation of the Womb.

From a prophylactic standpoint, it is essential that every case of confinement be carefully and rationally conducted. Sexual excesses and onanistic manipulations are to be forbidden.

When the affection is well developed, above all, a proper dietetic treatment is to be prescribed, nutritious but readily digested food which does not produce too much stool being given. Care is to be taken that there is a regular stool, which is to be obtained, if necessary, through the administration of mild cathartics—drastics are to be avoided. Systematic exercise in the open air is advisable, but over-straining, hard work, dancing, leaping, and riding are to be forbidden. The treatment is to be directed, principally, toward converting the first stage of hyperæmia into the second, of contraction. The hyperæmia may be reduced by injecting either hot or cold water into the Cavity of the Uterus. Hot injections, as a rule, are better tolerated than cold. While the patient is in a recumbent position the hot water—at a temperature of 113° F.—is injected

by means of the Bozeman-Fritsch uterus catheter, which is connected to an irrigator by a rubber tube. These injections cause no pain, but the returning water which flows over the external genitalia gives rise to uncomfortable feelings—for which reason it is advisable, before giving the injections, to rub vaseline over these areas. Water at a temperature of 117° F., or even 120° F., is well borne. In addition to these injections of hot water, it is at times advisable to scarify the Portio Vaginalis every 4 or 5 days. Sitz-baths, at a temperature of 95° F. and from 15 to 30 minutes' duration, usually prove very efficacious, as do likewise applications of Priessnitz's compresses upon the abdomen over night.

During the summer, treatment at the various springs and bathing resorts is advisable. Anæmic women are to drink the waters of such places as Frazensbad, Pyrawarth, and Schwalbach. Well-nourished patients, who exhibit a tendency to constipation, are to take the waters of Marienbad, Kissingen, etc. Saline-baths at Reichenhall, Ischl, Kreuth, Kreuznach, or the popular mud-baths such as are to be had in Franzensbad, or Marienbad (or artificial mud-baths, prepared from the Extracts and Salts), may be highly recommended.

**Endometritis Chronica.** If possible, the patient is to keep to her bed. Coitus is to be forbidden. Attention is to be paid to secure a regular stool, and to have the urine voided at regular intervals. A light, easily digested diet is to be prescribed. The therapy employed is to be directed toward a possible Chlorosis or Scrophulosis. The drinking-water and bathing-resorts, mentioned under Metritis Chronica, usually prove very beneficial.

**Endometritis Cervicis (Cervical Catarrh).** If, as is usually the case, a gonorrhœal infection is the cause of the same, a local treatment, in addition to that employed for the Vaginal Blenorrhœa (which see), is indicated. Once a day, the secretion in the Cervical Canal is to be removed with a piece of absorbent cotton wound about the pointed end of a Playfair sound, and then dipped into a 1/1000 Corrosive-Sublimate solution; or the Cervical Canal is to be swabbed with Tincture of Iodine, Argent-Nitricum (3 to 10-per-cent solution), or, in stubborn cases, with fuming Nitric Acid,

Afterward, a vaginal tampon, impregnated with the desired medicament, is to be inserted. When there are erosions upon the Portio Vaginalis, these must be specially treated. If they are *Erosiones simplices*, mild caustics will suffice. Solutions may also be brought in contact with the Portio Vaginalis by means of the cylindrical speculum. The following solution is employed a great deal:

℞ 1489 Acet. pyrolign. crud.,                      ʒ iij.  
S. Externally.

In the same way, Liquor Bellosti, 10-per-cent Nitrate-of-Silver solution, Tincture of Iodine, and neutralized Chloride of Iron may be applied.

All of these agents, however, only stimulate the formation of superficial (pavement) epithelium without exerting a healing influence upon the deeper layer of the tissues. More active are Acid Nitricum fumans, Zincum Chloratum (mixed with equal part of water), or the Ferrum Candens (Paquelin). The cauterization with Nitric Acid is usually done with an applicator made of wood, and is repeated every eight days. It is essential to thoroughly irrigate the Vagina after the applications have been made, so as to prevent the mucous membrane of this portion of the canal from being cauterized. In papulous and follicular erosions, cauterization either does not accomplish the desired effect or does not do so for a long time. In such cases, it is best to remove the erosions by an amputation of the Portio combined with a wedge-or hour-glass-shaped excision of the mucous membrane.

In Endometritis, involving the whole mucous membrane of the Uterus, accompanied with hypersecretion, the uterine cavity is to be washed out daily with lukewarm antiseptic solutions such as a 2-per-cent Carbolic-Acid solution, Creolin (1 per cent), Corrosive Sublimate (1/4000), or, what is now employed a great deal, a 1-per-cent solution of Lysol. The douches are to be given with the Bozeman-Fritsch Uterus catheter, which is to be introduced while the solution is flowing through the same. In these cases, the uterine mucous membrane may likewise be treated with various astringent and caustic agents, such as the Tincture of Iodine or the following:

Rx 1490 Zinc. chlorat.,  $\bar{3}$  iss.  
 Aqu. dest.,  $\bar{3}$  iij.  
 S. To be applied by the physician himself. Or:

Rx 1491 Argent. nitr., gr. xv. to  $\bar{3}$  iiss.  
 Aqu. dest.,  $\bar{3}$  iiss.  
 S. To be applied by the physician himself.

The intrauterine application of liquid cauterizing agents is best made with the Playfair sound or the sound of E. von Braun Fernwald—which has an opening in one end through which a thin strip of gauze may be inserted.

After these remedies have been applied, the Vagina is to be washed out with antiseptic solutions and an Iodoform tampon inserted. The latter is to be removed on the following day. The applications are to be made at intervals of 8 days.

Very effective, also, in many cases are applications made with solid medicaments. These are applied with Chiari's caustic holder into the platinum end of which a pencil of the proper size of the caustic selected is inserted. The instrument is passed rapidly as far as the Orificium Internum, and allowed to remain in this locality from 2 to 4 minutes, during which time it is moved back and forth. After the instrument has been removed, the Vagina is irrigated and an Iodoform or cotton tampon inserted, which is removed upon the ensuing day. The applications are not to be repeated until the lapse of a week. Nitrate of Silver is usually employed:

Rx 1492 Argent. nitric.,  $\bar{3}$  iiss.  
 Funde in bacill. tenues No. 30.  
 S. Nitrate-of-Silver Pencils.

In the same way, pencils of Zincum Sulphuricum, Alum, and Cuprum Sulfuricum may be prescribed.

If the Endometritis is the cause of frequent hemorrhages, it is advisable to administer the following internally:

Rx 1493 Ergotin. bis depur.,  $\bar{3}$  ss.  
 Pulv. Rad. Althææ,  
 Pulv. Liquir., āā  $\bar{3}$  ss.  
 Cacao sine oleo qu. s. u. f. pill. No. 100.  
 S. About 3 pills every morning and evening. Or:

- ℞ 1494 Pulv. Secal. Cornut. (Ergot), gr. xlv.  
 Elæosacch. Cinnamom., 5 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders, daily.

Or, the following, in the form of an enema, is even better:

- ℞ 1495 Ergotin. dialys., 5 grams.  
 Aqu. dest., 35 “  
 Acid. salicycl., .1 “  
 Glycerin., 10 “  
 S. 1 teaspoonful is to be added to 2 table-  
 spoonful of lukewarm water—this is to be injected  
 once, daily, with a soft rubber (balloon) syringe.  
 It is best to give this injection after there has  
 been a stool.

The following is highly recommended as an effective remedy  
 in hemorrhage:

- ℞ 1496 Extr. fluid. Hydrast. Canadens., ʒ ss.  
 S. 15 drops, 3 times, daily.

In severe forms of Endometritis, in which there is an excess-  
 ive proliferation of the mucous membrane or where the previ-  
 ously mentioned methods of treatment fail, Abrasio Mucosæ is  
 to be resorted to. The Portio Vaginalis is drawn down and  
 fixated with a pair of long forceps after which the Cervical  
 Canal, if narrow, is dilated with Hegar's pencils (dilators).  
 The Uterus having been washed out with the uterine catheter,  
 the mucous membrane is curetted with the curette of Roux or  
 the sharp spoon of Simon. Upon the completion of the curette-  
 ment, the Cavity of the Uterus is disinfected for a second time  
 by means of irrigations and a thin strip of Iodoform gauze  
 inserted as far as the Fundus Uteri, after which, the Vagina is  
 also tamponed with Iodoform gauze. In severe cases as well as  
 those in which it is clear that a tendency to relapse exists after  
 the operation, intra-uterine applications of the Tincture of  
 Iodine, Liquor Ferri Sesquichlorati, etc. are to be made and  
 continued for a time.



**Retroversio et Retroflexio Uteri. Backward Version and Backward Flexion of the Uterus.** The treatment must be directed, first, toward the Uterus; and second, toward keeping the restored uterus in the normal position,

(1.) Before every attempt at restoration, the bladder and Rectum must be thoroughly evacuated.

In mild cases, restoration may be effected by simply making pressure upon the anterior surface of the Portio Vaginalis. In more severe cases, two fingers are to be inserted into the posterior portion of the Fornix of the Vagina and pressure made in an anterior and upward direction upon the posterior wall of the Uterus. With the other hand placed upon the abdominal wall, an attempt is to be made, simultaneously, from the outside, to press the fingers between the Fundus of the Uterus and Sacrum, and, if possible, to seize the Fundus, whereupon the two fingers upon the inside are to be moved to the anterior side of the Portio and are to press the same backward while the hand upon the outside, which holds the Fundus, pushes the body of the Uterus forward.

If it is impossible to shove the Uterus upward above the Promontory with the two fingers which have been introduced into the Vagina, an attempt is to be made to do so by introducing the index finger into the Rectum and by pressing, simultaneously, backward and upward with the thumb of the same hand placed upon the anterior surface of the Portio. (Replacing a retroverted Uterus with the sound is not advisable on account of the danger of perforation.)

If this method fails, or if dense adhesions are present, massage is to be practised after the method of Thure-Brandt. (In mild cases, massage will accomplish the desired result after from 8 to 10 sittings—in severe cases, however, many weeks may be required).

(2.) Keeping the Uterus in its normal position.

The employment of Hodge's pessaries maybe advisable. When they are employed, the broad upwardly bent shoulder of the pessary is to be placed in the posterior Vault of the Vagina. When there is a pronounced distension of the Posterior wall of the Vagina, the Hodge-pessary, modified by Thomas, is to be used.



(The Thomas-pessaries have a broad and thick posterior shoulder.) The pliable wire rings, covered with India rubber which may be bent in any desired form, thus adapting them to any individual case, are also much employed. Likewise, the figure-eight shaped pessary of Schulze. When the latter is used, the smaller ring of the figure eight is to be inserted in such a way that it encircles and presses the Portio backward. The pessaries are introduced in the following manner: First, the smallest numbers are tried and then larger or pessaries having different forms. After a pessary has been introduced, a bimanual examination is to be made to determine whether the Uterus is supported properly—that is, to ascertain whether it rests anteflexed or anteverted in the ring. Then the patient is to be instructed to walk about. The pessary must cause no pain—in fact, there should be no feeling of the presence of a foreign body in the Uterus.

Upon the following day, a bimanual examination is to be made for a second time to ascertain whether the Uterus has retained its normal position. If this is not the case, the pessary is to be removed, the womb replaced and a well-fitting pessary introduced. Every pessary should be changed by the physician, at least, every one to two months. While the pessary is worn, frequent vaginal douches are advisable—these are to consist of lukewarm water, Kali hypermanganicum 1/10,000, a  $\frac{1}{4}$ -per-cent solution of Lysol, or the following:

Rx 1497	Acid. Salicylic.,	3 iv.
	Spir. Vin.,	3 viiss.
	S.	2 tablespoonfuls to a quart of water.

For the purpose of securing a longer tolerance of the pessary, it is advisable (even after a successful replacement of the Uterus and fixation of the same in its normal position with a pessary) to restore the tone of the folds of the Cul de Sac of Douglas. The most effective method of bringing about this desired result is the form of massage recommended by Thure-Brandt (Hebung and Lüftung des Uterus), Cold baths, cold vaginal irrigations, and cold enemata (morning and evening before defecation) given in conjunction with this treatment, will be found excellent supportative procedures. In those cases

in which the previously mentioned methods fail to replace the Uterus and in which an operative procedure is indicated, a *Ventrofixatio Uteri* or a *Fixatio Vaginalis* must be performed.

In *Retroflexio Uteri Gravidæ*, care must be taken to regularly evacuate the bladder (if necessary with a catheter). There must be a daily stool which is to be obtained through the administration of cathartics (not enemata). If violent symptoms are occasioned by incarceration, the Uterus is to be replaced manually (from the Rectum and Vagina) to its normal site while the patient is in a knee-and-ellbow position, after which, a Hodge-pessary is to be introduced which is to be worn for at least 2 weeks.

**Anteflexio et Anteversio Uteri.** *Anteflexion and Anteversion of the Uterus.* If Para- or perimetric-exudates (adhesions) are present, they are to be treated by massage. If a dysmenorrhœa has resulted from a Congenital Anteflexion, the Uterus is to be first sounded. If this does not bring about the desired object, discission is advisable. Quite frequently, massage at the angle of flexion is followed with a cure.

In *Anteversio Uteri Gravidæ*, accompanied with a pendulous abdomen, an abdominal support is to be worn.

**Prolapsus Vaginæ vel Uteri.** *Elongatio Cervicis.* *Pro-lapse of the Vagina or Uterus.* *Elongation of the Neck of the Womb.* As prophylactic procedures, delivery and child-bed are to be conducted with the greatest care. A ruptured Perineum, however small, is to be united with sutures. The therapy is to be either palliative or radical.

**Palliative Treatment:** Pessaries are to be introduced, such as Hegar's ring or bent pessaries (see *Retroflexio*). The sieve-form pessaries of Schatz are, perhaps, the best. Previous to the introduction of a pessary, every erosion upon the *Portio Vaginalis* or a *Cervical Catarrh* is to be treated. What has been said about douching the Vagina and changing the pessary under *Retroflexio Uteri*, applies here also.

Better than the introduction of pessaries are radical operative procedures. In prolapse of the anterior wall, a *Colporrhaphia Anterior*, and in prolapse of the Posterior wall, a *Col-*

porrhaphia Posterior are to be performed, and for the most part combined with a Perineoplastic operation.

In Prolapsus Uteri et Vaginæ, a Colpo-perineorrhaphy is advisable, and, in elongation of the Cervix, a Colpo-perineorrhaphy combined with an amputation of the Portio Vaginalis.

In those cases in which the prolapse is very great, and in which the Uterus, on account of the old age of the patient, has lost its function, a total extirpation per vaginam is indicated.

**Inversio Uteri. Inversion of the Womb.** Prophylactic treatment: When the Uterus is relaxed, great care is to be exercised in employing Crédé's method of expressing the Placenta. Strong traction is not to be made upon the Umbilical Cord.

In fresh cases it is often possible to re-invert the Uterus in the following way: The tips of one or two fingers are placed upon the lower pole of the inverted Uterus, whereupon the Fundus is pressed toward and through the funnel (formed by the ligaments) which is held firmly in place from above with the other hand. When the resistance of the Os Cervicis has been overcome, the further re-inversion is very easy. If the desired result is not obtained in this way, an attempt to affect the dilatation of the Os is to be made by making permanent pressure upon the tumor (for this purpose the Colpeurynter is well adapted).

The folded Colpeurynter is introduced into the Vagina, after which it is filled with water and allowed to remain for two or three hours, whereupon an attempt at reposition is made with the hand.

If this procedure is continued for several days, or even daily for weeks, it is possible in many cases to gradually re-invert the Uterus. In those cases in which the walls of the funnel have grown together or the methods mentioned fail, an amputation of the inverted Uterus is justifiable. The latter procedure is performed with either the knife or scissors, a careful ligation of the vessels being first effected. The operation must be performed with great care, as it sometimes happens that coils of intestines become adherent to the Uterus.

**Fibromyoma Uteri.** The therapy is to be palliative or radical, according to the seat of the tumor. Sub-mucous Myomata may be operated upon from the Vagina.

If the Myoma is pediculated (Fibrous Polyp), it frequently happens that, through the contraction of the Uterus, it is forced into the Vagina, where it is easy to sever the pedicle with the scissors. If, however, there are severe hemorrhages while the Myoma is in the Cavity of the Uterus, or if the Myoma is sessile and has a broad base, the total extirpation of the Uterus per Vaginan or the enucleation of the tumor per Vaginan (after its capsule has been laid open) is indicated.

If the enucleation of the tumor in toto is impossible, it may be advisable to first reduce its size by removing a portion at a time. An enucleation which has been commenced, notwithstanding the greatest difficulty which may arise, must be completed in as much as a septic infection, through gangrene of the portions of the tumor not removed, may take place.

If the Myoma is interstitial or subserous, occasionally, palliative remedies will suffice.

These are a systematic Ergotine treatment, either in the form of repeated daily subcutaneous injections (which, however, often cause excessive pain and abscess formation), or a treatment by means of small enemata, which may be administered after defecation by the women themselves.

℞ 1498	Ergotin. dialys.,	3 iiss.
	Aqu. dest.,	3 ij.
	Acid. salicyl.,	gr. iij.
	Glycerin.,	5 viiss.
	S. 1 teaspoonful to 2 tablespoonfuls of water is to be injected with a balloon syringe (No. 2) into the Rectum.	

℞ 1499	Ergotin. bis depurat. (extract),	gr. lxxv.
	Aqu. dest.,	3 iiss.
	Glycerin.,	3 ss.
	S. Every second day, one hypodermic-syringeful (℥ 15) is to be injected.	

- ℞ 1500 Ergotin. dialysat. Bombellon lagenam., ʒ ij.  
 S. Every other day,  $\frac{1}{2}$  to 1 hypodermic-syringeful  
 (8 to 15 M) is to be injected.

In the place of Ergotine, Extractum Fluidum Hydrastis Canadens. may be prescribed in doses of 15 to 20 drops, 3 times, daily, or the following:

- ℞ 1501 Extract. Gossypie., ʒj.  
 S. 15 drops, 3 times, daily.

All of these modes of treatment must be continued for months.

Electricity, in the form of the constant current gradually increased in strength from 150 to 250 milliamperes, may be employed according to the method of Apostoli. The positive electrode, having the shape of a uterine sound, is introduced into the Cavity of the Uterus while the negative, in the form of a broad plate, is applied upon the abdomen. This latter treatment is very painful when strong currents are used, and quite frequently fails. At the time of a hemorrhage, the treatment is to be purely symptomatic—the Vagina or even the Cervix is to be tamponed, or medicaments, having a styptic action such as Liquor Ferri Sesquichlorati, are to be injected into the Cavity of the Uterus. Simultaneously, Ergotine is to be administered subcutaneously or in the form of enemata. For the bearing-down pains, which Myomatous Polypi give rise to, Morphium suppositories (see ℞ 1488) are to be prescribed. The rectal and vesical symptoms, caused by pressure, are frequently relieved by pushing the tumor above the Brim of the Pelvis and then inserting a pessary.

### Radical Treatment in Subserous and Interstitial Myomata.

1. **Castration.** If the Myoma itself gives rise to no disorder by reason of its size or position, the Menorrhagia, which it may cause and which every form of treatment may fail to relieve, will demand a heroic procedure. Under such circumstances, a castration is to be performed for the purpose of bringing on a premature menopause and thereby causing the Myoma to contract. The same procedure is to be practised when there are larger myomata (providing they do not extend above the

navel), if, by reason of their presence, the patient has become very much run down, or when a myomotomy can not be performed on account of technical grounds.

2. **Myomectomy** is indicated in subserous pediculated Myomata or in small interstitial Myomata, the removal of which is possible without opening the Cavum Uteri.

3. **Total Extirpation** of the Myomatous Uterus *per vaginum* (when it is still technically possible) is frequently indicated. In other cases, it is advisable to perform a

4. **Myomotomy** *per laparotomiam*, the pedicle being brought out at the wound and attached extra-peritoneal.

**Carcinoma Uteri. Cancer of the Womb.** As soon as the diagnosis has been established, a total extirpation of the Uterus *per vaginam* and not a partial excision is indicated. Patients afflicted with an inoperable cancer are to receive a general strengthening diet. For the hemorrhage and purulent discharge, excochleation of the softened masses with a sharp spoon followed by cauterization with the actual canterly (Paquelin) will be found most effective. While the excochleation is being performed, the healthy portions of the Vagina are to be protected by inserting wooden spatula or cotton tampons. If the hemorrhages are profuse, irrigations of cold water or with solutions of *Liquor. Ferri Sesquichlorati* are to be given. In administering an irrigation, a cylindrical speculum must be first introduced so that the spray may be directed upon the ulceration and continued for several minutes. After the irrigation, an Iodoform tampon is to be inserted. For the purpose of deodorizing the discharge, the carcinomatous proliferations are to be dusted with the following:

℞ 1502 Iodoform in pulv.,  
           Carb. lign. Tiliæ.,                   āā   ℥ ss.  
       S. To be dusted over the parts once, *daī γ*.

Douching with a 2-per-cent Carbolic-Acid solution or Kali-hypermanganic. (1/1000) is advisable. The following may also be employed for washing out the uterine cavity:

R 1503

Acid. Thymic., gr. xv.  
 Aqu. dest.,  $\frac{3}{4}$  xxxij.  
 Spir. Vin. rectific.,  $\frac{3}{4}$  iiss.  
 S. 1/1000 Thymol solution.

Or:

R 1504

Calcar. chlorat., gr. 75 to  $\frac{3}{4}$  v.  
 Aqu. font.,  $\frac{3}{4}$  xxxij.  
 S. Externally.

Narcotics are to be given for the pains—their employment, however, must be delayed as long as possible. Rectal suppositories or small enemata, to which Tinct. of Opium has been added, will be found best for this purpose:

R 1505 Tinct. Opii simpl., gtt. xv.  
 Aqu. font.,  $\frac{3}{4}$  iss.  
 S. Enema.

Chloral enemata are also quite effective:

R 1506 Chloral. Hydrat.,  $\frac{3}{4}$  iss.  
 Mixt. gummos.,  $\frac{3}{4}$  vi.  
 S. 1/2 to an enema.

If the carcinomatous masses press upon the Rectum and thereby narrow its lumen, the fæces are to be rendered soft through the administration of cathartics.

**Stenosis Cervicis. Narrowing of the Neck of the Womb.** See Menstrual Anomalies, at the end of this chapter.

**Astresia Hymenalis.** See Menstrual Anomalies.

**Parametritis. Inflammation of the Pelvic Cellular Tissue.** As prophylactic procedures, it is advisable that delivery and confinement be conducted with the greatest antiseptic precaution. In recent exudates, rest in bed and an antiphlogistic treatment are indicated. An ice-bag or Priessnitz's compresses is to be applied upon the abdomen; it is to be seen to that there is a regular stool each day. If Peritonitis is present as a complication, no cathartics are to be given. A mild nutritive diet is to be prescribed and wine, containing a large percentage of alcohol, brandy, either by itself or mixed with milk, Russian tea (tea and rum), etc. are to be given. If there is a persistent diarrhœa, Opium is to be prescribed. In



old exudates, agents promoting absorption such as the following are to be prescribed: applications of moist, warm compresses over the abdomen especially the Pelvic region, saline sitz-baths, hot vaginal irrigations, preparations of Iodine, etc.

The saline sitz-baths are best taken at night. From 1 to 2 pounds of evaporated mineral salts (Halein, Ebenseer Mutterlaughen-Salz, Darkauer or Haller Iodsaltz, etc.) which have been previously dissolved in hot water are to be employed for this purpose. The baths are to be given at a temperature of from 85 to 100° F. (in fresh exudates, cooler; in older, warmer). The patient is to remain, well enveloped, from 10 to 20 minutes in the bath; is to be placed in her bed immediately upon being removed from the same; and, after being dried, covered with warm blankets. In the commencement, 3 sitz-baths are to be given in a week; but later, when the patient feels better, one bath is to be taken, daily. The vaginal douches are best administered by the patient herself while she is taking her sitz-bath. Water at a temperature of from 104 to 118° F. and in quantities varying from 5 to 8 quarts is to be used for these douches.

After the bath, the woman must remain well covered in bed for two hours and for the same length of time after an irrigation (even when the irrigation has not been taken simultaneously with the bath). The moist, warm packing (see above) may be allowed to remain permanently. Pure water or water to which some saline or Matoni's Moor Saltz or Moorlauge (mud-salts or extracts) have been added may be employed for saturating the compresses used in the packings.

Preparations of Iodine are very popular. They may be employed in various ways. The abdomen and walls of the Vagina are painted with the following:

#### R 1507

Tinct. Iodi,  
Tinct. Gall.,                   āā   3j.  
S. To be applied with a brush.  
Or:

#### R 1508

Iod. pur.,	gr. ivss.
Kali Iodat.,	gr. xlv.
Glycerine,	3 viiss.
S. Iod.-glycerin.	

Or, the abdomen is annointed with the following:



℞ 1509 Iodoform. pulv., 3 i.  
 Ungu. emoll., 3 v.  
 S. Iodoform salve.

The salve may also be spread upon the vaginal tampons.

Recently, Ichthyol-glycerin. (1/10) has been used much upon the tampons.

The Iodide of Potash in the forms of suppositories may also be prescribed:

℞ 1510 Kali iodat., gr. lxxv.  
 Butyr. Cacao., 3 v.  
 M. f. supposit. rectal. No. 10.  
 S. 1 suppository is to be inserted into the Rectum at night.

When there are exudates of a longer standing and especially parametric cicatricial strands, a systematic treatment with massage is often followed with excellent results.

Large exudates which are so superficial that fluctuation may be demonstrated, if favorably situated, may be incised and treated according to the well-defined surgical rules.

**Perimetris. Pelveoperitonitis. Inflammation of the Pelvic Peritoneal Tissue.** As a prophylactic procedure, the greatest antiseptic precautions are to be taken during the time of confinement, abortion, in short, at any time when an intrauterine procedure is undertaken. The same treatment is to be employed in Acute Perimetritis as in acute Parametritis (see preceeding page). In the chronic form of Perimetritis (which for the most part is of a Gonorrheal origin), massage after the method of Thure-Brandt is advisable. This, however, is contra-indicated when a Pyosalpinx is present, for which reason a careful gynecological examination is always to be made. The Perimetric adhesions may likewise be loosened and stretched under the influence of an anæsthetic after the method of B. S. Schultze (great care, however, is to be taken on account of the danger of hemorrhage). Treatment at such bathing-resorts as Franzensbad, Hall, Darkau, Jastrzemb, Kreuznach, etc. may be highly recommended.

If these different methods of treatment fail, the adhesions are to be loosened and a castration performed *per laparotomiam*.

**Salpingitis and Oophoritis. Inflammation of the Fallopian Tubes and Ovaries.** Inasmuch as the symptoms of an acute Salpingitis and Oophoritis are obscured by the almost invariable symptom of a concomitant inflammation of the other pelvic organs, there can be no special therapy.

The chronic forms of Oophoritis and Salpingitis, which, for the most part, are partial symptoms of an ascending Gonorrhœa, frequently improve (usually, only for a short while) with rest in bed, avoidance of coitus, the application of moist compresses, warm sitz-baths, and treatment of the causative (gonorrhœal) Colpitis et Endometritis. When the inflamed ovaries are swollen and adherent, massage after the method of Thure-Brandt is often followed with very good results. The latter must not, however, be employed when there is also a Salpingitis. Notwithstanding the employment of these forms of treatment, it happens, frequently, especially in patients who can not live or are unwilling to be without work, that eventually the extirpation of the Adnexia becomes necessary.

**Hæmatocele Retro-uterina.** In fresh cases, the object to be sought is to arrest the uterine hemorrhage; rest in bed is indicated, and also the local action of cold which may be obtained through applications of compresses or vaginal douches. The intestines and bladder are to be regularly evacuated. If these procedures have been continued for eight successive days without an increase of the symptoms, it may be assumed that the hemorrhage has been checked.

After the lapse of a short time, it is advisable to promote absorption by massage, by means of which, the Perimetric adhesions as well as the change of position of the Uterus which may have resulted, may be simultaneously overcome.

If, however, the hemorrhage is not arrested—if the pains become more severe and the anæmia more alarming or fever develops—a laparotomy is indicated.

## MENSTRUAL ANOMALIES.

**Amenorrhœa.** The causative factors are to be ascertained and relieved, if possible. If a Chlorosis is present, it is to be cured through the employment of those measures which may be indicated. If there is a hyperplasia of the Uterus, this is to be treated by frequently sounding, by massage and Sacral percussion after the method of Thure-Brandt.

Weak, prostrated individuals are to receive a strengthening diet and advised to visit the country, sea-shore, etc. If menstruation makes itself manifest in women, otherwise in good health, and who are not anæmic, by feelings of being unwell, headache, etc., without a discharge of blood taking place from the womb, blood is to be withdrawn from the Portio Vaginalis at this particular time and hot foot-baths and irrigations given.

In a Relative Amenorrhœa, resulting from an Atresia Hymenalis (Hæmatocolpos, Hæmatometra, Hæmatosalpinx), the Hymen is to be incised and the accumulated menstrual discharges allowed to slowly flow out. (No pressure is to be made upon the abdomen to quicken the expulsion of the discharge.) It is unquestionably advisable to operate upon all atresie which are situated at a higher point.

**Dysmenorrhœa.** The causative factors are to be ascertained and removed, if possible. Stenoses of the Cervix are to be overcome without the production of hemorrhage by means of Hegar's pencils or Laminaria tents; or, if hemorrhage is not to be considered, through Discission. In stenoses of the Os Internum, the constant current is most effectual. The negative electrode in the form of an aluminium sound is introduced into the Uterus, while the broad, positive electrode is applied to the abdomen. Currents of from 20 to 40 milliamperes are to be employed for intervals of 5 minutes at a time. The sittings are to be repeated every eight days. Abnormal positions of the Uterus are to be treated as each case may demand (see Ante- and Retro-flexio). For the dysmenorrhœic pains, especially those in virgins, a symptomatic treatment is to be employed (Narcotics, moist, warm compresses, etc., as may be indicated).

In Dysmenorrhœa Membranacea, intra-uterine applications

of the Tincture of Iodine or Liquor Ferri Sesquichlorati Neutral are to be made with the Playfair sound or an Abrasio Mucosæ is to be resorted to.

**Menorrhagia.** The treatment is varied and directly dependent upon the etiology of the affection.

In virgins, in whom the employment of a local therapy is difficult, the treatment, unless unavoidable, is to be absolutely symptomatic. During menstruation, mental rest is advisable. Alcoholics, tea, etc., are to be forbidden. The stool is to be regulated. Internally: Extract Fluid. Hydrastis Canadensis (see R 1496) is to be prescribed for 2 or 3 weeks or Secale (Ergot) in the form of enemata (see R 1495). The latter is best given 8 days previous to the time of the menstrual epoch. Extractum Fluidum Gossypii, in doses of a teaspoonful 3 times a day, also, frequently, acts admirably.

Counter-irritation in the form of cold-douching, followed with brisk friction of the skin or sea-baths may be highly recommended.

If a Chlorosis or Anæmia is present, it is to be treated in the manner indicated.

In relaxation of the Uterus, resulting from births or abortions following closely upon each other (Chronic Uterus Infaret), a systematic Ergotine treatment in the form of enemata is also indicated. Likewise, intra-uterine applications of Tinct. of Iodine and Liquor Ferri Sesquichlorati Neutral.

The Apostolic method of cauterizing the Uterine Mucous Membrane with the Galvano-cautery is often followed with excellent results. As regards the Menorrhagiæ, occurring in Endometritis, Mucous Polypi, Myoma, etc., see these respective headings.

# DISEASES OF THE SKIN

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY  
Prof. MORIZ KAPOSI, M.D.

REVISED BY EDWARD SPIEGLER, M.D.

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## Acne Rosacea. Rose-Drop. Rhinophyma. Couperose.

The etiological factor is to be ascertained, if possible, and the disorder giving rise to the affection treated. In women, especially, genital affections are to be looked for and if found treated. If there is Chlorosis, Iron, Arsenic (Roncigno- or Levico-waters), nutritious food, strong wines, river- or sea-baths, etc., are indicated. When there is Dyspepsia, bitter agents, alkaline mineral-waters, or alkalies in the form of powders, such as the following, are to be prescribed:

℞ 1510 (a)    Natr. bicarbonic.,  
                  Natr. phosphoric.,  
                  Magnes. carbonic.,        āā    3 iv.  
                  Sacch. alb.,  
                  Elæosacch. Macidas        āā    3 vj.  
                  M.    Da in scatul.  
                  S.    1 teaspoonful, 3 times, daily.

In alcoholists, the consumption of alcohol is to be limited.

**Locally:** When there are only nodules, Emplast. Hydrargyri is to be employed or a Sulphur paste is to be brushed over the area involved at night and replaced during the day by some thin salve over which powder is to be dusted as in Acne Vulgaris (which see), or Iod.-glycerin. (see ℞ 1523) is to be applied 2 or 3 times, daily, for 4 successive days.

When there is pronounced reddening, teleangiectatic vessels or dense nodules, repeated scarification is advisable. With a small scapel or the lance-shaped scarificator of Vidal, numerous

incisions, running parallel and close to each other, and incisions perpendicular to those are to be made; or multiple punctures with the puncture-needle of Hebra. After arresting hemorrhage by pressing a piece of absorbent cotton over the field operated upon, cold compresses or a simple salve are to be applied. Recently, instead of the scarification, electrolytic acupuncture, after the method of Lustgarten, has been employed. In Rhinophyma, the nodular elevations are to be removed in sections with the knife or operated upon by excision, ligation, etc.

**Acne Varioliformis.** The affected areas are to be washed with soft soap after which the skin is to be dried and the following applied:

Rx 1511	Merc. præcip. alb.,	5 ij.
	Ungu. Simpl.,	* 3 iiss.
S.	A thin layer is to be applied and a powder dusted over the same.	

\* In place of the constituentia mentioned in the different prescriptions for salves, other ointments may be employed. For instance, instead of using Unguent. Simpl., Lanolin and Vaseline in equal parts may be employed. Upon the hair of the head, Unguentum Pomadinum or Unguent. Emoll. are more suitable. Recently, the Linimentum Exsiccans (Tragacanthi 5, Glycer. 20, Aqu. destill. 100) as recommended by Pick, has been much employed as a constituent.

It is advisable to dust the portion of the body covered with salves with starch.

When the affection is situated upon the forehead or face, a Mercurial Plaster is to be applied.

**Acne Vulgaris.** The small abscesses are to be incised with a small, sharp-pointed bistoury and the matter removed. This is to be done in several sittings, according to the number of abscesses which may be present. After every sitting, cold compresses are to be applied. Not until the fluctuating nodules have been entirely freed of their contents is the medicinal treatment of Acne to be commenced. The procedure employed is as follows. In the evening the skin is washed and briskly rubbed with hard or liquid Glycerine soap, Sulphur soap, Spir. sapon. Kalin, Naphthol or Iodine-

Sulphur soap. The suds are either allowed to remain over night (in mild cases Spir. Sapon. Kalin. or Glycerine soap is to be employed—in more severe cases, Sulphur or Naphtol soap); or, after the skin has been washed with soap, it is bathed with water, dried, and one of the following pastes applied with a stiff-bristle brush. The paste is allowed to remain on all night. A piece of flannel may be applied over the same.

## R 1512

Lact. Sulphur.,	3 v.
Spir. vin. Gallic.,	3 iij.
Spir. Lavandul.,	3 v.
Glycerin.,	3 ss.

S. Paste, to be well stirred before being applied with a stiff-bristle brush.

## R 1513

Lact. Sulph.,	
Kal. carbonic.,	
Glycerin.,	
Spir. vin. Gallic.,	
Aqu. Naphæ.,	āā 3 ij.

S. The surface involved is to be thinly coated with the same.

In more severe forms, the following are to be employed:

## R 1514

Sulph. citrin.,	3 iiss.
Spir. sapon. Kalin.,	3 v.
Spir. Lavandulæ.,	3 xv.
Balsam. Peruvian.,	
Spir. camphorat.,	āā 3 j.
Ol. Bergamott.,	gtt. v.

S. To be used like the preceding.

## R 1515

Lact. Sulphur.,	3 v.
Kal. carbonic.,	3 iiss.
Spir. sapon. Kalin.,	3 x.
Glycerin.,	3 iij.
Ol. Caryophyllor.,	
Ol. Ment. pip.,	
Ol. Rosmarin.,	āā 3 ss.

S. After being well shaken, to be briskly rubbed into the skin with a stiff-bristle brush.

The following is much employed:

R 1516	Naphtol. pur.,	1 gram.
	Flor. Sulph.,	10 "
	Spir. vin. rectific.,	50 "
	Spir. sapon. Kalin.,	15 "
	Glycerin.,	5 "

S. The involved surface is to be covered, a stiff-bristle brush being used for the purpose.

Kummerfeld Water may also be used for the same purpose:

℞ 1517	Lact. Sulph.,	3 iij.
	Camphor. ras.,	gr. xv.
	Mucilag. gumm. Arab.,	3 iss.
	Subige et admisce:	
	Aqu. Calc.,	
	Aqu. Rosar.,	āā 3 iij.
	S. To be applied after having been well shaken	
	(Kummerfeld-Wasser.)	

Upon the following morning, the paste or soapsuds are to be washed away and the skin covered with a thin layer of salve until the underlying surface disappears entirely from view. Powder is then to be dusted over the salve, after which the whole is to be wiped gently away. The salves usually employed are Zinc. Ointment, Unguent. Wilsonii (℞ 1565), or one of the following:

℞ 1518		℞ 1519	
Zinc. oxydat.,	3 v.	Magist. Bismuth.,	
Ungu. emoll.,	3 iij.	Zinc. oxydat.,	āā 5 grams.
Ol. Resedæ.,	3 ss.	Ungu. emoll.,	50 "
Ol. Rosar.,	gtt. v.	Ol. Naphæ.,	gtt. iv.
S. Salve.		S. Salve.	
℞ 1520	Ungu. emoll.,	50	grams.
	Zinc. oxydat.,	5	"
	Glycerin. pur.,	1.5	"
	Tinct. Benzoes.,	1	"
	S. Salve.		

The powders used are the same as those mentioned under Eczema (℞ 1555, 1556), or the so-called Damenpulver (Ladies'-Powder), of which the following is the formula:

℞ 1521	Pulv. lapid. Baptistæ.,	
	Talc. venet.,	
	Amyl. Oryzæ.,	āā 30 grams.
	Zinc. oxydat.,	10 "
	Ol. Neroli,	gtt. ij.
	Ol. Rosar.,	gtt. iv.
	S. Powder (Damenpulver).	



Or, Eau de Princesse (after Hebra):

- ℞ 1522 Bismuth. carbon. bas., ʒ ij.  
 Talc. Venet. pulv., ʒ iv.  
 Aq. Rosar., ʒ xiv.  
 Spir. Colon., ʒ vi.  
 S. To be applied with a brush over the portion  
 of the skin involved.

In severe cases, instead of the employment of the soaps and salves just mentioned, the affected areas of the skin may be painted with Tinct. of Iodine or Iod. Glycerin:

- ℞ 1523 Iod. pur.,  
 Kal. iodat., āā ʒ ij.  
 Glycerin., ʒ ss.  
 S. To be applied with a brush, 2 times, daily, for  
 from 3 to 6 successive days.

After the crusts have been shed, the previously mentioned salves and powders are to be employed.

The medicaments, just mentioned, are not to be employed in Acne resulting from intoxication, with Tar, preparations of Iodine or Bromine. When there is marked inflammation, cold applications are to be employed; and when there is an accompanying discharge, Zinc, Lead and other ointments.

**Alopecia. Loss of Hair.** The causative Chlorosis, Anæmia, Syphilis, Dyspepsia, etc. are to be treated. If Seborrhœa is the cause, the scales are first to be softened and removed by washing the hair with soap (see Seborrhœa), after which, the hair is to be washed one or two times a week with liquid soap. The hair, in all forms of Alopecia, should be rubbed 1 or 2 times, daily, with alcoholic solutions such as the following:

- ℞ 1524 Acid. Salicyl., ʒ ss.  
 Spir. vin., ʒ iij.  
 Spir. Lavand.,  
 Spir. Coloniens., āā ʒ iss.  
 S. The hair of the head is to be rubbed, daily,  
 with the same. A stiff-bristle paint-brush is to  
 be used for the purpose.

- ℞ 1525 Tinct. Benzoës., 5 ss.  
 Acid. Salicylic., gr. lxxv.  
 Spir. vin. Gallic., 5 viiss.  
 S. Externally.
- ℞ 1526 Tinct. Aconit. (or Capsic.), 1 grain.  
 Spir. vin. Gallic., 200 "  
 Balsam. Peruvian., 3 "  
 S. Externally. (To be used with great caution  
 on account of the danger of Aconite poisoning.)

Pomades are to be employed for the dryness of the scalp resulting from the use of these remedies:

- |  |   |
|--|---|
| <p>℞ 1527<br/>         Quinin. pur., gr. xv.<br/>         Acid. tannic., 5 ss.<br/>         Ungu. emoll., 5 iij.<br/>         Ol. Resedæ.,<br/>         Ol. Naphæ., āā gtt. iij.<br/>         S. Pomade.</p> | <p>℞ 1528<br/>         Merc. præcip. alb., gr. xl.<br/>         Ungu. emoll., 5 iss.<br/>         Tinct. Benzoës., gtt. xv.<br/>         Ol. Rosar., gtt. v.<br/>         S. Pomade.</p>  |
| <p>℞ 1529<br/>         Extr. Quinin., gr lxxv.<br/>         Bals. Peruvian., 5 ss.<br/>         Ungu. emoll., 5 iss.<br/>         S. Pomade.</p>   | <p>℞ 1530<br/>         Medull. ossium. 75 gm.<br/>         Extr. Cinchon. frig. par., 10 "<br/>         Tinct. Cantharid.,<br/>         Succ. Citri, āā 5 gm.<br/>         Olei de Cedro,<br/>         Ol. Bergam., āā gtt. 10.<br/>         S. Pomade.</p> |
- Or. Dupuytren's Pomade may be prescribed:

**Angioma. Teleangiectasia. Vascular Tumor.** Flat, teleangiectatic vessels may be caused to disappear through scarification (see Acne Rosacea). Elevated tumor-like Angiomata are to be curetted with a sharp spoon. In Tumor Cavemosus, cold applications are to be made and a bandage, exerting pressure, applied, or several drops of Liquor Ferri Sesquichlorati are to be injected into the tumor.

[The danger of the formation of Emboli through injections must be borne in mind. At the clinic of Prof. Billroth, these larger vascular tumors were almost invariably excised. In operating, one should always be prepared for profuse hemorrhage.—Metzerott.]

The growths may also be destroyed by Electrolysis. In small, congenital Angiomata, it is advisable to vaccinate upon the growths instead of the arm. The Angiomata may also be cauterized with fuming Nitric Acid or destroyed with the Paquelin cautery, or a plaster containing some escharotic, similar to the following, may be applied:

℞ 1531	Tartar. stibiat.,	gr. xviiij.
	Empl. Diachylon. simpl.,	3 ij.
	M. f. empl.	
	S. Plaster.	

Pedicated tumors are removed best with the elastic ligature.

**Anthrax. Carbuncle.** Numerous deep, longitudinal, and transverse incisions are to be made as soon as possible, an antiseptic dressing applied, Quinine prescribed, and alcoholics administered.

**Canities. Grayness of the Hair.** For the purpose of concealment, artificial staining must be resorted to. Before the hair stains are applied, the underlying skin must be well washed with soap. The following is employed for staining the hair black:

℞ 1532	Argent. nitric.,	gr. xv.
	Ammon. carbon.,	gr. xxiv.
	Ungu. emoll.,	3 j.
	S. The hair is to be rubbed with the same—a bristle brush being employed for the purpose.	

After its application, the surrounding tissues are to be washed with a solution of salt.

The following may also be used:

℞ 1533		℞ 1534	
Argent. nitric.,	1.25 gm.	Argent. nitric.,	gr. lxxv.
Aqu. dest.,	60 "	Plumb. acetic.,	gr. xv.
Liqu. Hydrarg. nitr. oxyd.,		Aqu. Rosar.,	3 iij.
Spir. Resedæ	āā 5 gm.	Spir. Colon.,	3 ss.
D. Like the preceding.	Or:	S. Like the preceding.	

For the purpose of producing different shades of the hair, the two following prescriptions are to be employed:

**R 1535**

Argent. nitric.,	5 gm.
Aqu. dest.,	50 "
S. No. 1.	

**R 1536**

Acid. pyrogallie.,	3 gm.
Aqu. dest.,	40 "
Spir. vin. rectific.,	10 "
S. No. 2.	

(First, No. 1 is rubbed into the hair, and, after having become dry, No. 2 is applied.) The following may be used in the same way:

**R 1537**

Argent. nitric., fus.	8 gm.
Aqu. dest.,	70 "
S. No. 1.	

**R 1538**

Hepat Sulph.,	8 gm.
Aqu. dest.,	70 "
S. No. 2.	

(To be applied in the same manner as R 1535, 1536.)

The following is used to stain the hair brown:

<b>R 1539</b>	Acid. pyrogallie.,	1 gram.
	Aqu. Rosar.,	40 "
	Spir. Coloniens.,	2 "
	S. To be applied to the hair with a brush.	

The application of all of these hair-dyes requires great care and practical experience.

In general, it can be said that fatty oils darken the hair. They may be prescribed in the form of pomade:

<b>R 1540</b>	Vitell. Ovor.,	
	Medull. oss. bovinum.,	āā 20 grams.
	Ferr. lactic.,	1.5 "
	Ol. Cassiæ Eth.,	1 "
	S. Pomade.	

### **Carcinoma. Epitheliale Cutis. Cancer of the Skin.**

The treatment is to be similar to that employed in Lupus Vulgaris.

When the nodules are flat and do not penetrate very deeply into the underlying tissue, they are to be scraped away with a sharp spoon or burrowed out by cauterization with the Nitrate-of-Silver stick, with the Chloride of Zinc, or Caustic-Soda pencils; or Cauquoin's paste (R 1642) or Pasta Viennensis (Vienna Paste), which is prepared as follows, may be applied:

## R 1541

Kal. caustic. pulv., gr. lxxv.

Da ad lagen.

S. Caustic Potash.

## R 1542

Calcar. caustic. pulv., gr. lxxv.

Da ad lagen.

S. Caustic Lime.

## R 1543 Spir. vin. rectificat.,

3 iiss.

S. Alcohol.

The first two substances (R 1541, 1542) are mixed in a mortar and by adding the alcohol stirred into a paste. This is applied with a spatula or spoon upon the area involved after the surrounding tissue has been protected by means of strips of adhesive plaster. It is allowed to remain 10 minutes, after which it is thoroughly washed off with water. In the same way, Arsenic paste and a 10-per-cent Pyrogallus Salve (see Lupus Vulgaris R 1647-1649) may be employed. The latter is to be spread upon pieces of linen and applied for from 3 to 6 days. Cauterization with Lactic Acid may likewise be resorted to.

It is best to extirpate deep-seated nodules with the knife or to destroy them with the Paquelin or Galvano cautery. Caustic agents are to be used upon diffuse suppurating epitheliomata. The remedies just mentioned or the following may also be employed upon circumscribed infiltrations:

## R 1544 Creosot.,

3 v.

Acid Arsenicos.,

gr. ivss.

Opii. pur.,

gr. iiss.

Pulv. rad. Liqu. q. s. ut f. pasta consist. spissior.

S. To be spread upon a piece of linen and then applied.

**Chloasma. Liver-Spots. Ephelides. Freckles.** The Corrosive-Sublimate treatment acts most rapidly but it is the most painful. When this method of treatment is employed, the face of the patient, who lies in a horizontal position, is to be covered with pieces of linen of the exact size of the spots. These are to be kept moist for 4 hours with a 1-per-cent aqueous or alcoholic Corrosive-Sublimate solution. The resulting vesicles are to be punctured. From then on, a powder is to be applied for 8 days, until the crusts are shed. The Tincture of Iodine, Iod.-glycerin, and Sulphur Paste (see *Acne Vulgaris*), when applied from 6 to 12 times, act in the same way but also cause considerable inflammation.

Bathing the parts daily with liquid soap or painting the same with dilute Hydrochloric or Acetic acid or the employment of the following may be tried but the action of all of these remedies is much slower:

#### R 1545

Spir. sapon. Kalin.,       $\bar{z}$  iij.  
 Naphtol.,                     $\bar{z}$  j.  
 Glycerin.,                    $\bar{z}$  ss.

M. S. The face is to be washed daily with the same.

For a fashionable practice, the following is well adapted:

#### R 1546

Emuls. Amygdal.,       $\bar{z}$  iij.  
 Tinct. Benzoës.,       $\bar{z}$   $1\frac{1}{4}$ .  
 Mercur. sublim. corros., gr.  $\frac{3}{4}$ .  
    (or Veratrin.,      gr. iss.)  
 Aqu. Naphæ.,               $\bar{z}$  iss.

S. The face is to be bathed with the same.

Or such salves as the following may be used:

#### R 1547

Mercur. præcip., alb.,  
 Borac. Venet.,              āā gr. lxxv.  
 Ungu. emoll.,               $\bar{z}$  iss.  
 Ol. Rosar.,  
 Ol. Naphæ.,              āā gtt. v.

S. To be spread upon a piece of linen and applied over night.

#### R 1548

Acid. salicylic.,               $\bar{z}$  ss.  
 Ungu. emoll.,               $\bar{z}$  x.  
 Tinct. Benzoic.,              ℥ xv.

S. Like the preceding.

- ℞ 1549 Hydrarg. præcip. albi, gr. xv.  
 Hydrarg. sublim. corros., gr. iss.  
 Ungu. emoll., 3 v.  
 S. A thin layer is to be rubbed into the tissues  
 and afterward wiped away with a piece of absorb-  
 ent cotton.

When the skin has become reddened and scaly, salves and face-powders (see *Acne Vulgaris*) are to be applied. A good face-powder is the following:

- ℞ 1550 Bismuth. carbon. basic., 3 iiss.  
 Talc. Venet. pulv., 3 v.  
 Baryt. Sulph. præcip., 3 viiss.  
 Ol. Rosar., gtt. ii.  
 S. Powder.

A good salve, which may be highly recommended in addition to those already mentioned (under *Acne Vulgaris* ℞ 1518-1520), is the following:

- ℞ 1551 Bismuth. chlor. præcip., gr. lxxv.  
 Baryt. Sulph. præcip., 3 iiss.  
 Cere alb., gr. xlv.  
 Ol. Amygdalar. recent. press., 3 1 $\frac{3}{4}$ .  
 S. Salve.

**Clavus.** See *Tyloma*.

**Combustio. Burns.** In burns of the first degree, compresses saturated in cold water, *Liqu. Burowi* (see ℞ 1560) or *Aqu. Goulardi*, dusting the parts with starch, and when the burn is circumscribed, painting the area involved with *Colloquium*, will suffice.

In burns of the second degree, the blisters are to be punctured at their base and the contents expressed by making gentle pressure, with a ball of charpie or absorbent cotton. The covering of the vesicle is not to be removed.

In burns of the third degree, the burnt surface is to be covered with pieces of lint saturated in Olive Oil or the following:





℞ 1554 Argent. nitric., gr. iiss. to viij.  
 Ungu. emoll., ʒ iss.  
 S. Salve.

**Comedones. Retention of Sebum in the Follicles of the Skin.** If an Anæmia, Scrophulosis, etc., are present, they are to be treated. The Comedo plugs may be removed by gently pressing the sides of the follicles with the nails of the thumbs, a watch-key, or the instrument devised for that purpose by Hebra and Lang. In addition to this form of treatment, the affected areas are to be washed with soap and covered with Sulphur paste (see Acne Vulgaris).

**Condylomata.** See Verrucæ.

**Congelatio. Frost-bite.** The frozen parts are to be briskly rubbed with snow, after which they are to be gradually warmed. The amputation of frozen extremities is to be postponed until a line of demarkation makes its appearance.

**Eczema.** (a) **In Acute Eczema,** all external irritants are to be withheld, especially water. The patient must not wash the Eczematous areas. Baths and the use of soap are to be interdicted. The direct rays of the sun as well as moist air is to be avoided. If possible, the patient is to keep to his room. Any irritation which may be produced through the friction of the clothes is to be prevented as much as possible; (for which reason the patient should not wear a starched shirt). The eczematous areas, especially the folds of the skin, are to be dusted with some non-irritating powder such as Amylum Oryzæ or Tritici, Semen Lycopodii, Talcum Venetum, Pulvis lapid. Baptistæ, etc., to which it is advisable to add Cerussa (Carbonate of Lead), Oxyd. Zinci, Magister. Bismuth., etc. Ethereal oils must not be added to these powders. They are to be perfumed only with Pulv. Rad. Ireos Florentin. An elegant powder is the following:

℞ 1555 Amyl. Oryzæ, ʒ iij.  
 Pulv. Alumin plumos., ʒ v.  
 Zinc. Oxydat.,  
 Pulv. rad. Ireos Florent., āā gr. lxxv.  
 S. Powder.

Or:

℞ 1556	Zinc. oxydat.,		
	Magist. Bismuth.,	āā	gr. lxxv.
	Ceruss.,		gr. xxxv.
	Talc. Venet. pulveris.,		
	Amyl Oryzæ.,	āā	gr. lxxv.
	S. Powder.		

These powders are to be dusted on the surface of the skin with a piece of absorbent cotton or powder-puff. Layers of absorbent cotton, thickly covered with powder, are to be placed between those folds of the skin which have been excoriated. The latter are to be changed whenever they become warm or moist.

In Acute Eczema Papulosum, the involved areas are to be swabbed with some alcoholic agent, after which a powder is to be applied:

℞ 1557	Acid carbolic. (or Salicylic., Boric.),	gr. xv.
	Spir. vin., Gallic.,	℥ v.
	Spir. Lavandul.,	
	Spir. Coloniens.,	• āā ℥ vij.
	S. To be applied by means of a piece of absorbent cotton.	

In diffuse Papulous Eczema, unaccompanied with any discharge of fluid matter, the following will be found to act even better:

℞ 1558	Tinct. Rusci.,	℥ ij.
	S. A thin coating is to be applied with a stiff-bristle paint-brush; powder is then to be dusted over the areas involved.	

If vesicles and crusts develop and the affection spreads over the greater portion of the body, the patient is to be completely undressed and the whole body freely powdered, after which he is to be placed in bed and covered with sheets which have also been powdered.

In the Axilla, Crural and Gluteal folds, etc., cotton covered with powder is to be placed. If the skin is intensely inflamed and very painful, a cold, wet compress is to be applied or Leiter's metallic coils or compresses saturated with the following:

R 1559

Plumb. acetic. bas. solut.,  
3 iiss.

Aqu. font., 3 xvj.

S. For saturating compresses.

Or Liquor Burowi:

R 1560

Plumb. acetic., 3 j.

Alum. crud., 3 v.

Aqu. dest., 3 xiiss.

S. To be diluted with from  
5 to 10 parts of water. For  
saturating compresses.

The following may also be highly recommended:

R 1561 Acid. Thymic., gr. xvj.

Aqu. dest., 3 xxxij.

S. For saturating compresses.

During the stage of decrustation, suitable ointments, such as the Diachylon Salve of Hebra, are to be applied:

R 1562 Lithargyr., 3 iij.

Ol. Olivar., 3 xij.

Sub leni igni et addendo paxill. aqu. font. coque ut f.  
ungu. consistent. spissior.

Adde: Ol. Lavandul., 3 iiss.

S. Salve (Diachylon).

Or the Unguent. Vaselini Plumbic. of Kaposi, the odor of which is not so penetrating:

R 1563 Empl. Diachyl. simpl.,

Vaselin., āā 3 iij.

Liquefact. misc. f. ungu.

S. Ointment.

Sometimes Zinc Ointment, or the following, is tolerated better:

R 1564 Acid. Boric., 3 ij.

Ungu. simpl., 3 iiss.

S. Ointment.

All of these ointments are to be thickly spread upon pieces of linen of the desired shape. After being applied, they are to be held in place with a flannel bandage or a piece of absorbent cotton is to be placed over the same and a cotton bandage applied. If the process is upon the face, the ointments are to be spread upon a flannel mask.

When fatty substances are not well borne, the treatment with compresses and powders is to be resumed.

In Eezema Squamosum, fat, glycerine, Vaseline, Unguent. emolliens, Zinc-Bismuth-salve and similar preparations, or the Unguentum. Zinei Wilsonii are to be applied several times, daily.

℞ 1565	Resin. Benzoës pulv.,	gr. lxxv.
	Axung. porc.,	3 v.
	Digere, cola, adde:	
	Zinc. oxydat.,	3 4¼.
	M. f. ungu.	
	S. Salve.	

When the moist discharge has entirely ceased, Pick's gelatine preparations will be found excellent. For instance, the following:

℞ 1566	Zinc. Oxydat.,	3 iiss.
	Gelatin. anglic.,	
	Glycerin.,	āā 3 v.
	Aqu. dest.,	3 x.
	M. f. massa gelatinosa.	
	S. A piece of the desired size is to be melted in a water-bath, and applied in a fluid state.	

After the complete cessation of the moist discharges, the areas involved are best treated with tar, which is to be applied in a thin layer with a stiff-bristle brush. During the first few days, it is to be covered with a piece of linen upon which one of the ointments employed during the early stage has been spread. During the last stage, Naphtol may be occasionally applied (with great care, however):

℞ 1567		℞ 1568	
Naphtol.,	gr. xix.	Naphtol.,	1 gram.
Spir. vin. rectificat.,	3 iij.	Ungu. simpl.,	100 "
Aqu. dest.,	3 j.	S. Ointment, to be rubbed 1	
S. To be applied from 1 to		or 2 times, daily, over the	
not more than 2 times, daily.		area involved, after which,	
(Naphtol solution 1/100.)		powder is to be dusted over	
		the same.	

Whenever the skin becomes reddened or the epidermis fissured, the Naphtol is to be suspended.

(b) **Eczema Chronicum.** The accumulated crusts and scales are to be first softened and removed (maceration). For this purpose, oils such as Ol. Olivar. with Aqu. Calc. āā, Ol. Morrhuæ, etc., are employed. These are to be poured freely over and rubbed freely into the area involved several times during the day.

Woolen cloths, tricot, or flannel bandages are then to be applied; or fixed fats such as Ungu. Diachylon Hebra (R 1562), Unguent. Vasin. Plumbic. Kaposi; or the following:

R̄ 1569    Acid. Boric.,  
             Glycerin.,                     āā    ʒ iiss.  
             Cerae alb.,  
             Paraffin.,                     āā    ʒ x.  
             Ol. Olivar. q. s. ut f. ungu. consist. moll.  
S. Ointment.

This salve is to be spread upon a piece of linen and then applied. It is to be held in place by means of a flannel bandage.

Very beneficial, in many cases, is also Lassar's paste:

℞ 1570 Zinc. Oxydat.,  
Amyl. pur., āā ʒj.  
Vaselin., ʒij.  
M. f. pasta.  
S. To be applied in thick layers upon the affected  
areas. Powder is to be sprinkled over the same.

The Salicylic-Soap Plaster of Pick may also be highly recommended:

℞ 1571	Emplastr. saponat.,	℥ iij.
	Leni igni fuso adde:	
	Acid. salicylic.,	℥ iiss.
	M. f. emplastr.	
	S. To be spread in a thin layer upon a piece of linen, which is to be carefully fitted to the area involved and held in place with a cotton or tricot bandage.	

(Less suitable, on account of the readiness with which they produce an artificial eczema, are the much recommended Plaster-Mull bandages of Unna or the Unna-Beiersdorf Gutta-Percha Mull-plaster.)

In extremely chronic cases of Eczema, maceration should be tried with water in the form of compresses, Priessnitz's wet packing, or baths. Maceration may also be effected with gutta-percha coverings (see Psoriasis), but great care must be exercised when the latter are employed.

For removing accumulations, previously softened, with salves, occasional washing with Sapo Viridis, Glycerin-Soap, Spir. Sapon. Kalin., Naphtol-Soap, etc., may be highly recommended.

Those portions of the skin which have become thickened through cicatrization may be destroyed with Acetic or Hydrochloric Acid, or they may be softened by applying soft soap and then bandaging for twelve to twenty-four hours with flannel bandages. The following also may be highly recommended for this purpose:

℞ 1572 Kal. caustic., 3 ij.  
 Aqu. dest., 3 ss.  
 S. To be applied with a brush.

In the most forms of Chronic Eczema, the Unguentum Wilkinsonii, after the modification of Hebra, acts admirably:

℞ 1573 Sulph. citrin.,  
 Ol. Fag., āā 3 iiss.  
 Sapon. virid.,  
 Axung. porc., āā 3 v.  
 Cret. alb., 3 ss.  
 S. A thin coating is to be applied with a stiff-bristle brush.

In chronic Eczema Squamosum, unaccompanied with discharge, a treatment with tar is to be prescribed either in the form of the modified Wilkinson's salve, just mentioned, or daily applications of one of the following mixtures:

℞ 1574 Ol. Rusci (or Fagi), 3 v.  
 Ol. Olivar. (or Morrhuæ), 3 v. to x.  
 S. A thin coating is to be applied.

Recently, the following has been much prescribed:

- ℞ 1575 Flor. Sulph.,  
 Ol. Rusc.,  
 Zinc. oxydat.,  
 Ol. Olivar., āā ʒ ij.  
 Lanolin., ʒ iiss.  
 S. Ointment; a thin coating is to be applied  
 with a stiff brush.

Upon small areas of the affected skin, applications of Tinct. Rusci or washing with solid or liquid Tar-soap is advisable.

- |                          |       |                        |         |
|--------------------------|-------|------------------------|---------|
| ℞ 1576                   |       | ℞ 1577                 |         |
| Ol. Fagi,                | ʒ ij. | Olei Rusci,            | ʒ j.    |
| Sapon. medicinal. pulv., | ʒ v.  | Spir. sapon. Kalin.,   | ʒ iiss. |
| M. f. sapo.              |       | Glycerin.,             | ʒ ss.   |
| S. Solid Tar-Soap..      |       | M. S. Liquid Tar-Soap. |         |

In the same way, Tar-Ointment may also be applied.

- ℞ 1578 Ol. Fagi, ʒ iv.  
 Glycerin., ʒ ij.  
 Ungu. emoll., ʒ iiss.  
 Balsam. Peruvian., ʒ j.  
 M. f. ungu.  
 S. Ointment. To be spread over the involved  
 area once, daily.

Or Carbolic-Ointment may be employed:

- ℞ 1579 Acid. carbolic., ʒ ss.  
 Ungu. emoll., ʒ xxvij.  
 Salve.

In mild forms, Zinc-Ointment, a weak Mercurial (Ammoniated Mercury), or Naphtol-Ointment (1 to 2-per-cent) or Kali Crème may be employed:

- ℞ 1580 Glycerin., ʒ x.  
 Ol. Rosar.,  
 Ol. flor. Aurantior., āā gtt. ij.  
 Kal. carbonic. solut., ʒ ij. or iv. or ʒ iiss. or v.  
 S. Kali-Crème (No. 1, 2, 3, or 4).

In Eczema Capillitii, the crusts are to be softened with Olive oil, Cod-liver Oil, or the following:

## R 1581

Acid. carbolic., gr. xv.  
 Ol. Olivar.,  $\frac{3}{4}$  ij.  
 Balsam. Peruvian.,  $\frac{3}{4}$  ss.  
 S. Externally.

## R 1582

Naphtol., gr. xv.  
 Ol. Olivar.,  $\frac{3}{4}$  ij.  
 S. Externally.

In place of oil, an India-rubber cap may be employed which is to be tightly bound around the head. The softened masses are to be washed away every third or fourth day with Spir. Sapon. Kalin. When the Eczema is squamous, Tinct. Rusci, 1/2-per-cent Naphtol-Alcohol, and Carbol-Alcohol solutions or mild salves are to be rubbed over the areas.

Unguentum Wilkinsonii (R 1573) applied from the beginning of the affection is also frequently quite efficacious. If the scalp is highly inflamed, cold douches and compresses are indicated. In Eczema of the face, the pieces of linen upon which the salves have been spread are to be carefully and evenly applied (the fissures are to be filled with charpie) and the whole bandaged with flannel. When the nostrils are involved, tampons dipped in oily solutions or the following are to be inserted:

## R 1583

Aquæ fontis,  
 Glycerin., āā  $\frac{3}{4}$  v.  
 Zinc. Sulph., gr. ivss.  
 S. Externally.

In Eczema of the eye-lids, the following ointments may be applied:

## R 1584

Merc. Præcip. flav. gr. ivss.  
 Ungu. emoll.  $\frac{3}{4}$  v.  
 S. Salve.

## R 1585

Acid. Boracic.,  
 Glycerin., āā  $\frac{3}{4}$  j.  
 Ungu. simpl.  $\frac{3}{4}$  ij.  
 S. Externally.



In Eczema of the lips, the salves are to be spread upon pieces of linen of the desired shape which are to be pressed against the same and held in place by a bandage. When there is much infiltration and swelling of the lips, the following is to be employed:

- ℞ 1586 Empl. Plumb. oxyd. rub., 3 iv.  
S. To be spread upon a piece of linen and held in place by a tightly drawn bandage.

In Chronic Eczema of the lips, repeated cauterization with Caustic Potash is frequently the only curative agent.

Chronic Eczema of the Mamma and Nipple is to be treated with compresses covered with soft soap, Empl. Sapon. Salicyl. (10-per-cent) spread upon linen, or the following, which is to be applied with a brush:

- ℞ 1587 Mercur. sublim. corrosiv., gr. iij.  
Collodii, 3 v.  
S. To be applied once, daily, with a brush.

During the latter stages, Pix Liquida and Ungu. Wilkinsonii are to be used. A similar treatment is to be employed in Eczema Chronicum Scroti, in which affection it is also advisable to wash (in a sitz-bath) the affected regions with soap and apply softening ointments, etc. spread upon linen. When there is severe itching, the parts are to be washed, daily, with soap, after which, the following is to be applied:

- ℞ 1588 Cocain. muriatic., gr. vj. to xv.  
Lanolin.,  
Vaselin., āā 3 iiss.  
S. Ointment. A thin layer is to be rubbed over the affected area.

Tar is not to be employed until the moist discharge has been completely arrested by washings with soap. For a long time after a cure, the Scrotum and Genito-Crural folds are to be dusted with powders. A suspensory is to be worn.

In Eczema Perinei et Ani, mild salves (Ungu. simplex, Boracic-Acid Ointments, Soap Plaster) are to be spread upon pieces of linen, applied to the parts and held in place by a flan-

nel or tricot bandage. Cocaine ointment (see R 1588) is to be employed when there is severe itching. When there are rectal fissures, the following suppositories are to be prescribed:

℞ 1589 Zinc. oxydat. gr. xij.  
 Extr. Opii (aquos.) (or Belladon.), gr. iss.  
 But. Cacao q. s. ut f. suppos. No. 5.  
 S. 1 or 2 suppositories are to be used, daily.

℞ 1590 Cocain. oleinic., gr. ivss.  
 But. Cacao q. s. ut f. suppos. No. 6.  
 S. 1 or 2 suppositories are to be used, daily.

In Chronic Eczema of the hands and feet, India-rubber gloves or finger-tips, especially constructed for that purpose, are advisable; or the affected regions are to be enveloped with Eplastrum Salicylicum (R 1571); or simply washed with soap. In stubborn cases, accompanied with infiltration and induration of the tissues, cauterization with Caustic Potash (R 1572) is indicated or hand- or foot-baths, to which one of the following is added:

℞ 1591 Kal. caustic., 25 grams.  
 Aquæ fontis, 500 "  
 S. To be added to 5 hand- or foot-baths. Or:

℞ 1592 Mere. sublim. corros., 5 grams.  
 Aquæ destillatæ, 500 "  
 S. To be added to 1 foot-bath.

Every day a hand- or foot-bath of 10 minutes duration is to be taken. After the bath, the hand (or the foot) is to be rinsed in pure warm water, thoroughly dried, and one of the indicated salves applied. During the latter stages, tar or very soft ointments are to be employed in the same way as in the other forms of Eczema.

Circumscribed Eczematous areas of the body or extremities, frequently, are readily healed with the following:

℞ 1593 Merc. sublim. corrosiv., gr. iss.  
 Spir. vin rectif., ʒ iij.  
 S. To be applied with a swab.

If the Eczema returns repeatedly and a causative affection can be found, the later is to be treated by such internal medica-

tion as may be indicated. For instance, to scrophulous individuals, Cod-liver Oil is to be given; to chlorotic patients and women suffering from Dysmenorrhœa, Iron and Quinine in some form similar to the following:

- |        |   |                    |
|--------|---|--------------------|
| ℞ 1594 | Solut. arsen., Fowleri,                               | 3j.                |
|        | Tinct. Ferri pomat.,                                  |                    |
|        | Tinct. Rhei, Darell.,                                 | āā 3 iv.           |
|        | Aqu. Menth. pip.,                                     | 3 iiiss.           |
|        | Syr. cort. Aurant.,                                   | 3 iij.             |
|        | S. 1 or 2 tablespoonfuls, daily.                      |                    |
| ℞ 1595 | Ferr. citric. ammoniat.,                              | gr. lxxv.          |
|        | Acid. arsenicos.,                                     | gr. 6/10 (.04 gm.) |
|        | Pulv. et extr. rad. Gentian q. s. ut f. pill. No. 50. |                    |
|        | S. 2 pills, daily.                                    |                    |
| ℞ 1596 | Solnt. ars. Fowleri,                                  | 3j.                |
|        | Tinct. Ferri album.,                                  | 3 x.               |
|        | S. 15 to 20 drops, 3 times, daily, after meals.       |                    |

Bitter Agents, Milk- and Whey-Cures are likewise advisable, as are also the mineral-waters of Franzensbad, Spaa, Pyrmont, Schwalbach, Roncesgno, or Levico (of the two latter, 2 or 3 tablespoonfuls in sugar-water or wine). The diet is to be as nutritious as possible. As previously stated, whatever constitutional disease may be present is to be treated as may be indicated.

**Eczema Marginatum.** For six successive days Ungu. Wilkinsonii Sulphuratum (℞ 1573), Naphtol-sulphur soap or the following are to be applied, morning and evening, with a stiff-bristle brush:

- |               |                  |           |       |
|---------------|------------------|-----------|-------|
| ℞ 1597        |                  | ℞ 1598    |       |
| Chrysarobin., | 3j.              | Naphtol., | 3 ss. |
| Vaselin.,     | 3 x.             | Vaselin., | 3 x.  |
| S. Salve.     |                  | S. Salve. |       |
| ℞ 1599        | Acid. pyrogall., | 3j.       |       |
|               | Ungu. simpl.,    | 3 x.      |       |
|               | S. Salve.        |           |       |

If the epidermis is very much thickened and infiltrated, shedding of the same may be brought about by the employment of Kali Caustic (1:2 Aqu.) or compresses covered with soft soap, etc. After cicatrization has taken place, one of the remedies just mentioned is to be employed.

**Ephelides.** See Chloasma,

**Erysipelas. St. Anthony's Fire.** The patient is to be isolated and rest in bed and a fever diet prescribed. If the fever is high and especially if the exacerbations occur periodically, Quinine and Antipyrin are to be given. If there is pronounced redness, cold compresses or Leiter's metallic coil are to be applied to the head. If possible, the cause of the Erysipelas is to be ascertained and treated. In Erysipelas of the face, an examination is to be made for abscesses of the teeth, which, if found, are to be opened. The nostrils, especially, are to be examined, and if crusts and suppurating areas are found, tampons covered with Boracic-Acid Ointment or Salicylic-Soap Plaster (10-per-cent) are to be inserted. In Erysipelas, in other regions of the body, abscesses and ulcerations likewise are to be looked for and treated as may be indicated. The Erysipelatous regions themselves are to be covered with compresses saturated in water, Aqu. Goulardi, Ligu. Burowi or no applications at all are to be made. Pieces of linen of the shape and size of the area involved upon which Unguent. Ciner. is spread are frequently employed. During the stage of decrustation, ointments, such as the following, are to be used for the purpose of lessening the tension of the skin:

℞ 1600		Or the following simple	
Oxyd. Zinc.,	3 ss.	ointment:	
Merc. præcip. alb.,	gr. xv.	℞ 1601	
Vaselin.,	3 iss.	Lanolin.,	
S. Ointment.		Vaselin.,	
		S. Ointment.	
		āā 3 ss.	

In severe cases of Erysipelas, the continuous bath is also indicated.

Instruments, which have been used upon patients suffering from Erysipelas, are to be thoroughly disinfected before being

again employed. The hands, likewise, must be disinfected before examining other patients.

**Erythema.** In mild cases, no special therapy is indicated. Only, when there is an itchy feeling and a sensation of burning, is cold water, alcohol, or the following to be applied:

<b>R 1602</b>		<b>R 1603</b>	
Acid. carbolic.,	gr. xv. to 3 ss.	Acid. Salicylic.,	3 ss.
Spir. vin. rectificat.,	3 iij.	Spir. vin. Gallic.,	3 iij.
S. Externally.	Or:	S. Like the preceding.	

After these applications have been made, the itching areas are to be dusted with starch.

In Erythema Multiforme or Nodosum, when there is fever, rest in bed is advisable as is also Quinine or Antipyrin. For the pains in the joints, Natr. Salicylicum, ice- or cold-water compresses or compresses saturated in Liqu. Burowi (R 1260) are to be employed. When there are frequent relapses, Iron, Quinin., hydrotherapy, and electrotherapy are indicated.

**Tinea Favosa.** The Favus crusts are to be first removed by softening the same with Olive Oil or some similar agent, by raising the crusts with the finger-nail or spatula, or washing with soft soap. Thereafter, epilation is to take place, daily. This may be done by grasping tufts of hair between the thumb and an ordinary mouth-spatula held in the remaining fingers in such a way that when traction is made the diseased hairs are withdrawn and the healthy ones left behind. In addition to the daily epilation, the scalp is to be washed every day with Spir. Sapon. Kalin. and after the hair has been dried, covered with parasitocides such as Tar, Ungu. Wilkinsonii Sulphurat., Tinct. Rusci, or the following:

<b>R 1604</b>		<b>R 1605</b>	
Naphtol.,	gr. xv.	Merc. sublim. corros.,	.5 gm.
Ol. Olivar.,	3 iij.	Spir. vin. Gallic.,	100 "
S. To be applied with brush.		S. To be applied with brush.	



℞ 1609	Ol. Rusci.,	℥ ij.
	Spir. Sapon. Kalin.,	℥ iv.
	Lact. Sulph.,	℥ ij.
	Balsam. Peruvian.,	℥ j.
	Naphtol.,	gr. vi.
	S. To be applied with a brush.	

Herpes Tonsur. Vesiculosus yields readily to treatment by simply dusting powder over the areas involved.

If isolated, scaly rings of Herpes Tonsur. (Ringworm) occur Tar, Ungu. Wilkinsonii (℞ 1573), soft soap, and the Tinct. of Iodine; or the following are to be applied:

℞ 1610		℞ 1611	
Iod. pur.,		Lact. Sulph.,	℥ ij.
Kal. iodat.,	āā ℥ j.	Spir. Sapon. Kalin.,	
Glycerin.,	℥ ij.	Spir. Lavandul.,	āā ℥ v.
S. To be applied, daily, with		Glycerin.,	℥ j.
a brush.		S. To be applied with brush.	

℞ 1612	Chrysarobin.,	℥ ij.
	Acid. Acetic.,	℥ j.
	Ungu. simp.,	℥ x.
	S. Ointment.	

℞ 1613	Naphtol.,	gr. viiss.
	Spir. Sapon. Kalin.,	℥ iss.
	Glycerin.,	℥ ss.
	S. To be applied with a brush.	

In Herpes Tonsur. Maculosus Universalis, Unguent. Wilkinsonii or the following is to be used:

℞ 1614	Naphtol.,	℥ iss.
	Sapon. virid.,	℥ ix.
	S. To be rubbed upon the skin 2 times, daily, for 2 or 3 successive days.	

℞ 1615	Sapon. viridis.,	℥ ix.
	S. Like the preceding.	

**Herpes Zoster. Shingles.** Starch, to which powdered Opium may be added, is to be sprinkled over the area involved. Under no circumstances are wet compresses to be employed. When the vesicles rupture and raw surfaces are exposed, they are to be covered with ointment or such salves as the following:

**R 1616**

Extr. Opii (aquos), gr. viiss.  
 Cerat. simpl.,  $\frac{3}{4}$  iss.  
 S. Ointment. Or:

**R 1617**

Cocain. muriatic., gr. iij.  
 Ungu. simpl.,  $\frac{3}{4}$  v.  
 S. Ointment.

When there is severe neuralgia, sleeplessness, etc., hypodermic injections of Morphia, Hydrate of Chloral, and Opiates, internally or locally, are to be prescribed:

**R 1618** Empl. de Meliloto (or Cicutæ),  $\frac{3}{4}$  v.  
 Supra lint. extend.,  
 Insperge pulv. laud., 3 j.  
 S. Emplastrum.

The following is also, frequently, very efficacious for the accompanying or resulting neuralgia:

**R 1619** Sol. Arsen. Fowl., gtt. vj.  
 Aqu. Fœnicul., 5 vj.  
 S. The whole to be taken in 3 doses during the day (every third day the amount of the solution is to be increased 2 drops until from 25 to 30 drops are taken during the day).

**Hyperidrosis. Increased Secretion of Perspiration.** In Universal Hyperidrosis, baths, stimulating beverages, and excessive and tiring exercises are to be avoided. For the itching, alcohol, Cologne, etc., are to be employed; and for the absorption of the perspiration, starch is to be dusted over the parts.

In Local Hyperidrosis (Axilla, Genitalia, Palms, Soles), the following washes are to be used:

**R 1620**

Acid. Tannic., gr. xv.  
 Spir. vin. rectificat.,  $\frac{3}{4}$  viiss.  
 S. As a wash. Or:

**R 1621**

Decoct. cort. Quercus.  
 (e 20:200),  $\frac{3}{4}$  vj.  
 S. As a wash.



## R 1622

Mercur. Sublim. Corr., gr. xv.  
 Aqu. dest.,  $\bar{3}$  xij.  
 S. Externally.

## R 1623

Extr. Aconit., gr. xv.  
 Spir. vin. Gallic.,  $\bar{3}$   $6\frac{1}{4}$ .  
 S. To be applied with a swab.

## R 1624

Naphtol., gr. xxxviiij.  
 Spir. vin. Gallic.,  $\bar{3}$  vij.  
 Spir. Colon.,  $\bar{3}$  j.  
 S. As a wash.

In addition to these washes, powder is to be sprinkled upon the sweaty regions for the purpose of absorbing the perspiration. Folds of skin, lying opposite each other, are to be separated with pieces of absorbent cotton sprinkled with powder. The following powders are usually employed:

## R 1625

Oxyd. Zinc.,  $\bar{3}$  j.  
 Amyl. Oryzæ.,  $\bar{3}$  x.  
 S. Powder.

## R 1626

Acid. salicylic., gr. xxiv.  
 Amyl. pur.,  $\bar{3}$  x.  
 S. Powder.

## R 1627

Naphtol. pulv., gr. vj.  
 Amyl. pur.,  $\bar{3}$  x.  
 S. Powder.

For moderate perspiration of the feet, the agents just mentioned will suffice. The following, when added to a foot-bath, will generally prove a good preventive:

## R 1628

Merc. sublim. corrosiv., gr. viiss.  
 Aqu. font.,  $\bar{3}$  vj.  
 Dent tal dos. No. 10.  
 S. 1 bottle is to be added to a foot-bath.

After the foot-bath has been taken, one of the previously mentioned powders (R 1625 to 1627) is to be dusted over the feet and pieces of absorbent cotton, thickly covered with powder, placed between the toes. The stockings, which are likewise to be dusted with powder, are to be changed, daily.

When there is profuse perspiration, the Diachylon Salve of Hebra (R 1562) will be found the best remedy. It is to be

spread upon pieces of linen of the desired size in layers of three or four lines in thickness. These are to be wrapped around the foot. Between the toes, pieces of absorbent cotton thickly covered with the ointment, are to be placed. New stockings and shoes are to be worn from then on. After twenty-four hours, the foot is to be powdered, wiped dry, and a fresh coating of salve applied. This procedure is to be repeated for from ten to fourteen days. For a long time thereafter, the foot is to be powdered (the powder being dusted especially between the folds). Not until a new and tender epidermis has been formed, is the foot to be washed.

Of the internal agents employed for Hyperidrosis, the following act rapidly, but for the most part only temporarily:

℞ 1629

Pulv. Agaric. alb.,  
 Sacch. alb., gr. xlv.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 2 or 3 powders, daily.

Or:

℞ 1630

Agaricin., gr.  $\frac{1}{3}$ .  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.  
 S. 1 powder every 3 hours.

Likewise:

℞ 1631 Atropin. Sulph., gram. .01.  
 Gummi. Tragacanth., gram. 1.5.  
 Glycerin.,  
 Pulv. Liquirat āā q. s. ut f. pill. No. 20.  
 S. 2 pills, daily.

**Ichthyosis. Fisk-Skin Disease.** Soft soap, Unguentum Wilkinsonii (℞ 1573), or the following are to be systematically applied upon the skin:

℞ 1632 Naphthol., 3 iiss.  
 Ungu. simpl., 3 vj.  
 S. A thin coating is to be applied 1 or 2 times, daily; every second day this is to be washed away with Naphthol Soap.

The thicker epidermal masses are to be softened with compresses covered with soft soap or solutions of Potassa, or they are to be removed with a Volkmann spoon. After the skin has become softened, simple ointments are to be used for a long while.

### Lichen Ruber.

℞ 1633 Pilul. Asiatic. No. 100.

S. In the commencement, 3 pills are to be taken, daily, before eating.

The dose is to be increased by one pill every fourth or fifth day until from 8 to 10 pills are taken, daily. This latter dose is to be continued until involution of the process takes place. After a cure has been effected, 6 pills are to be taken, daily, for three or four months. From 800 to 1500 pills are to be taken altogether.

The following remedies act more rapidly, but do not prevent relapses so rapidly:

℞ 1634

Sol. Arsen. Fowleri, gtt. vj.  
 Aqu. dest., 3 v.  
 Acid. carbol., gr. vj.  
 S. 15 minims are to be injected, subcutaneously, daily.

Or:

℞ 1635

Natr. arsenicos., gr. iss.  
 Acid. carbol., gr. iij.  
 Aqu. dest., 3 iiss.  
 S. Like the preceding.

For the distressing itching, the following may be recommended:

℞ 1637 Acid Carbolic. (or Salicylic.), gr. xl.

Spir. vin. Gallic., 3 vj.

Glycerin., 3 ss.

S. The itching areas are to be swabbed with the above.

In the same way, indifferent ointments are to be applied. Powders may be dusted over the itching parts or the following, recommended by Unna, may be employed:

℞ 1637 (a) Acid. carbol., gr. lxxv.

Merc. bichlorat. corros., gr. xv.

Ungu. simpl., 3 iij.

S. Ointment,

Occasionally, a 10-per-cent Pyrogallus Ointment will cause the plaques to desquamate and become flattened.

**Lichen Scrophulosorum.** The general nutrition is to be improved and the patient kept out of doors as much as possible. The patient is to live in a dry dwelling. Cod-liver Oil is to be prescribed internally:

℞ 1638 Iod. pur., gr. iij.  
Ol. Morrhuæ., ʒ vj.  
S. 1 tablespoonful, morning and evening.

It is also advisable to annoint the skin, 2 or 3 times, daily, with Cod-liver Oil. Tricot or other woolen material is to be placed over the oiled regions or the patient is to be placed between woolen blankets.

**Lupus Erythematosus.** The patient is to wash the areas involved with soft soap or liquid soap. This treatment is to be continued by itself, combined or alternated with other forms of treatment. If there is dense infiltration, compresses covered with soft soap, soaping with Naphtol-Sulphur soap, or cauterization with a solution of Potassa (1 : 2 Aqu.) are to be employed. In other cases, Sulphur Paste, Iod. Glyccrine, or Tinct. of Iodine are to be spread over the parts involved as in Acne Vulgaris. In very many cases, the application of Emplastrum Hydrargyri (spread upon pieces of linen) is followed with excellent results. If there are deep infiltrations and numerous vascular ectasiæ, they are to be scarified, punctured (vide Acne Rosacea), or excochleated, as in Lupus Vulgaris. Cauterization with a Paquelin or Galvano-cautery is a procedure which may be highly recommended. The following may also be used:

℞ 1639 Argent. nitric.,  
Aqu. dest. āā ʒij.  
S. Solution of the Nitrate of Silver.

After the resulting incrustations have been shed, the parts are to be dressed with Boracic-Acid ointment, Emplastrum Saponat., Emplastr. Salicylic., etc. In addition to these modes of treatment, the general nutrition is to be improved and whatever constitutional affection exists treated.

**Lupus Vulgaris.** The general nutrition is to be improved as much as possible. Tonics are to be prescribed whenever indicated. The lupus itself is to be treated only locally. Large confluent nodules or diffuse infiltrated relaxed tissue (especially if ulcerated) are to be scraped away with a sharp spoon. Small, scattered nodules and diffuse superficial infiltrations are to be destroyed by scarification, or puncture by means of the sharp pointed bistoury, Hebra's needle, or the lance-shaped instrument devised for that purpose by Vidal (it is advisable to dip the instrument in an Iodine or Carbolic-Acid Solution so that the nodules are cauterized at the same time).

In the most cases, the Nitrate of Silver (stick) will be found preferable to everything else. With this, the nodules may be thoroughly cauterized and fairly burrowed out by boring deeply into the same. If ulceration is already present or there are granulations, cauterization with the following is advisable:

℞ 1640 Argent. nitric.,  
 Aqu. dest., āā 3 ij.  
 S. To be applied with a brush.

If numerous new nodules develop upon a cicatrized surface it is best to cauterize these with Potassa. The surface of the skin is to be first thoroughly washed with soap before the application is made.

℞ 1641 Kal. caustic., 3 ij.  
 Aqu. dest., 3 vj.  
 S. To be applied with a piece of lint wound about a pencil and allowed to remain for 2 or 3 minutes, after which, it is to be washed away with a piece of absorbent cotton dipped in a solution of carbolic acid.

This procedure may be immediately followed with an application of a solution of the Nitrate of Silver or Cauquoin's Paste.

℞ 1642 Zinc. chlorat., 3 ij.  
 Farin. Tritic., 3 vj.  
 S. To be made into a paste by the addition of water, then to be spread upon a piece of linen and applied (Cauquoin's Paste).

The latter preparation is suitable only for the body and extremities. The same applies to Landolf's Paste (R 1643, 1644, 1645, 1646):

**R 1643**

Zinc. chlorat.,                    3 iiss.  
Da ad lagen.  
S. Chloride of Zinc.

**R 1644**

Butyr. Antimon.,                3 iiss.  
Da ad lagen.  
S. Butter of Antimony.

**R 1645**

Acid. mur. conc. pur.,        3 1 $\frac{1}{4}$   
S. Hydrochloric acid.

**R 1646**

Pulv. rad Liquirit.,            3 1 $\frac{1}{4}$   
S. Powder.

The Chlorate of Zinc is first placed in a saucer, then the Hydrochloric acid is added until the former is dissolved after which the Butter of Antimony is also added. While these substances are being mixed, the powdered Liquorice root is gradually added and the whole rubbed into a paste. This is spread upon a piece of linen, applied over the area involved, and allowed to remain for 24 hours (Landolf's Paste).

The Pasta Cosmi of Hebra is more preferable. It may also be applied upon the face:

**R 1647**    Acid. Arsenicos.,                                gr. xv.  
              Cinnabar. factit.,                                gr. xlv  
              Ungu. emoll.,                                        3 vj.

S. To be spread upon a piece of linen and changed every 24 hours until the Lupoid nodules become encrusted (Pasta Cosmi Hebra).

The following may also be highly recommended:

**R 1648**

Acid. pyrogallic.,                3 ij.  
Ungu. simpl.,                    3 iiss.  
S. To be used like the preceding.

**R 1649**

Acid. pyrogall. 3 ij. to iv.  
Cocain. mur.,    gr. xij. to xxiv.  
Ungu. simpl.    3 iij.  
S. Salve.

Later on, the areas which have been treated are to be covered with compresses, saturated with the following:

℞ 1650	Kali caust.,	3 ss.
	Aqu. dest.,	3 xxxij.
	S. For saturating compresses.	

Most suitable, also for the destruction of Lupoid nodules or dense infiltrations, is the Paquelin or Galvano-cautery. Electrolysis, after the method of Lüsgarten and Gärtner, is also followed with good results. The negative electrode, in the form of a slightly arched plate with a diameter of 2 millimeters ( $\frac{2}{25}$  of an inch), is applied to the area. The current is kept at a strength of from 5 to 10 milliamperes (regulated with a Gärtner Graphite Rheostat).

Intercurrent with these radical modes of treatment, just mentioned, the healing of the cauterized areas, the production of flat cicatrices, the reduction of hyperæmias, etc., may be further promoted by the employment of milder agents such as painting the parts with Iod.-Glycerine, Tinct. of Iodine, Iodoform, and Collodium, the application of Emplastrum Hydrargyri or, under favorable circumstances, mild salves.

**Milium.** The skin covering each nodule is to be pierced sufficiently deep, with a small sharp-pointed bistoury and the body of the Milium expressed in the same way as a Comedo. When Milia develop very acutely and in great numbers, soft soap is to be applied (to be carefully done on account of the danger of producing an Acute Eczema).

**Molluscum Verrucosum Sive Contagiosum.** Isolated growths are to be curetted with a sharp spoon after which the bleeding surfaces are to be covered with pieces of absorbent cotton.

**Morbilli. Measles.** Rest in bed in a well-ventilated room, kept continually at an equable temperature of from 63 to 65° F., is advisable. When there is photophobia, the room is to be darkened. A fever diet is to be prescribed. Whenever there is hyperpyrexia, the body is to be sponged with cold water or enveloped in wet sheets. Great cleanliness is to be observed; the linen worn by the patient is to be frequently

changed. When there is severe itching, oily or fatty inunctions are to be given. After desquamation has ceased (about the fourteenth day), lukewarm baths are to be taken.

**Onychomycosis.** The diseased portion of the nail is to be removed either by cutting or scraping; afterward the nail is to swabbed with Acetic Acid, Creosote, or the following:

℞ 1651	Merc. sublim. corrosiv., Chloroform., S. For swabbing.	gr. xv. ℥ iss.
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**Pediculosis Capitis. Head-Lice.** Pure Petroleum, or better, one of the following two remedies, are to be employed:

℞ 1652	Petrolei venal., Ol. Olivar., Balsam. Peruvian., S. According to directions.	℥ ij. ℥ iss. ℥ iss.	Or: ℞ 1653 Naphthol., Ol. Olivar., S. According to directions.	℥ ij. ℥ v.
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In the evening, one of these oils is to be poured upon the scalp and briskly rubbed into the same. It is to be allowed to remain upon the head all night, a flannel cap being worn to prevent staining the pillow. Upon the following morning, the scalp is to be washed with soap suds. This procedure is to be repeated for 2 or 3 days. The resulting eczema of the head is to be treated as may be indicated.

The nits are best removed by washing the scalp with vinegar and combing the hair with a fine-toothed comb.

**Pediculi Pubis. Morpiones. Crab-Lice.** A 10-per-cent ointment of Ammoniated Mercury, an aqueous Corrosive-Sublimate solution, or the following are to be employed:

℞ 1654	Naphthol., Ol. Olivar., S. According to directions.	℥ ij. ℥ iiss.	Or:	℞ 1655	Petrolei venal., Bals. Peruvian., Ol. Lauri, S. According to directions.	āā ℥ j. ℥ ss.
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These remedies are to be briskly rubbed upon the Pubic Region, after which starch is to be dusted over the same. Not until all symptoms of Eczema have disappeared is the bath to be given.

**Pemphigus.** Compresses, saturated in Liqu. Burowi, are to be applied, the vesicles punctured, and areas covered with crusts or deprived of their epidermis treated with indifferent salves. If the skin is highly inflamed and there is a high fever, cold or wet compresses are to be applied and Quinine is to be given internally. In Pemphigus Foliaceus, a continuous bath is most advisable. In Pemphigus Pruriginosus, prolonged Tar-baths are to be given. Medicated baths frequently act favorably also in Pemphigus Vulgaris.

#### R 1657

Mercur. sublim. cor., gr. lxxv.  
 Aqu. dest.,  $\bar{3}$  vi.  
 S. To be added to a bath.

#### R 1658

Cort. Querc.,  $\bar{3}$  xvi.  
 S. After having been boiled in water, to be added to a bath.

**Perniones. Chilblains.** As a prophylactic procedure in anæmic individuals, it is advisable to improve the general nutrition. Some preparation of Iron is to be prescribed. When chilblains already exist, nearly all of the agents which are recommended will be found unreliable. Bathing the parts involved with as hot water as possible has proven perhaps the best procedure yet employed.

#### R 1658

Collodii. pur.,  $\bar{3}$  v.  
 Ol. Ricini,  $\bar{3}$  j.  
 Tinct. Iodin., gtt. iij.  
 S. To be applied with a brush.

#### R 1659

Iodi. pur., gr. v.  
 Glycerin.,  $\bar{3}$  j.  
 Kali. iodat., gr. xv.  
 S. To be applied with a brush.

#### R 1660

Plumb. acetic. basic.,  $\bar{3}$  ij.  
 Ungu. emoll.,  $\bar{3}$  ij.  
 S. Ointment.

#### R 1661

Acid. Boric.,  $\bar{3}$  j.  
 Creosot., gtt. iv.  
 Ungu. simpl.,  $\bar{3}$  x.  
 S. As a salve.

**R 1662**

Camphor. ras.,	gr. viij.
Ceræ alb.,	℥ v.
Ol. Lini,	℥ x.
Balsam. Peruvian.,	℥ j.
M. f. ungu.	
S. Salve.	

**R 1663**

Camphor. ras.	gr. vi.
Creosot.,	gtt. iv.
Lanolin.,	
Vaselin.,	āā ℥ v.
S. Salve.	

In stubborn cases. Emplastrum Lithargyri Adust. or Emplastrum Saponat. Salicylic. (see R 1571) are to be applied, and pressure produced by bandaging. If the Chilblains ulcerate, they are to be covered with a Nitrate-of-Silver salve or Boracic-Acid ointment.

**Pityriasis Versicolor. Tinea Versicolor.** The therapy is to be the same as in Herpes Tonsuraus Maculosus Universalis (which see).

**Prurigo.** In mild cases and during the commencement of the affection, the patient is to be lathered every evening with Sulphur or Sulphur-Tar Soap and, while covered with the soap suds, is to remain in a bath for one hour after which Cod-liver Oil, fat or other oils are to be applied.

In severe cases of Prurigo, the parts are to be bathed with Solut. Vlemingkx (see Psoriasis, R 1682). Inunctions with Unguentum Wilkinsonii Sulphurat. (R 1573) may likewise be given but the Naphtol treatment will be found the best of all:

**R 1664** Naphtol., gr. lxxv, (in small children, ℥ ss.)

Ungu. emoll., ℥ iij.

S. Every evening the extremities are to be gently rubbed with the same.

Every other day, the ointment is to be washed away with Naphtol soap while the patient is bathing. When the symptoms have subsided and the skin has become soft and pliable, the Naphtol salve is to be used only every second or third day. During the intervals of the Naphtol treatment (when the symptoms are very mild), Alum-baths, Soda-baths (℥ 32 to a bath), or Corrosive-Sublimate baths (75 gr., ℥ iiss. to a bath) are to be taken.

In recent times, the non-irritating Thiophen-Sulpho-Acid-Soda is much employed, especially when Eczema occurs as a complication:

℞ 1665 Natr. sulphothiophenic, gr. lxxv to ʒ iiss.  
Lanolin.,  
Vaselin., āā ʒ iss.  
S. To be used like the preceding.

Sometimes the internal administration of Carbolic Acid acts admirably:

℞ 1666 Acid. carbolie., gr. lxxv.  
Pulv. et extr. Acori q. s. ut f. pill. No. 50.  
S. 10 pills, daily.

The general condition of the patient must always be considered. To anæmic children, in addition to a suitable diet, the following is to be given:

R 1667	lod. pur.,	gr. iss.
	Ol. Morrhuæ.,	3 iij.
	S. 1 to 4 teaspoonfuls, daily.	

When there are symptoms of Rhachitis, the following is to be prescribed:

R 1667 (a)	Phosphor.,	.01 gram.
	Ol. Morrhuæ.,	30 "
	Gumm. Arab.,	
	Saach. alb.,	āā 15 "
	Aqu. dest.,	40 "
	Syr. simpl.,	15 "
	S. 1 teaspoonful, daily.	

### Pruritus Cutaneous. Nervous Itching of the Skin.

When a causative affection exists, it is to be treated. If there is chronic Gastricismus or if there are affections of the liver, a treatment with the mineral-waters of Marienbad or Karlsbad or with Soda, Magnesia, or Rheum, and a proper form of diet are indicated. Genital affections of the female are to be treated according to their nature. The itching itself is to be treated



is not to be further increased. When a cure has been effected, the dose of the solution is to be gradually decreased until 6 drops is again reached.

The administration of *Pilulæ Asiatica* is usually followed with good results:

R̄ 1672    Acid. arsenicos.,                      gr. 11¼, (.75 gm).  
            Pulv. pip. nigr.,                        ʒ iss.  
            Gummi. Arabic.,                        ʒj.  
            Rad. Althææ. pulv.,                  ʒ ss.  
            M. Fiant. cum Aqu. dest. q. s. pill. No. 100.  
            Consp. pulv. Pip. nigr,  
            S.    3 pills are to be taken in the course of a day,  
                  immediately before eating. To be administered  
                  only under the direction of the physician.

Every fourth or fifth day, the dose is to be increased by 1 pill until from 8 to 10 pills are taken—5 pills and more are to be given in two doses (at breakfast and supper). When a dose is reached under the administration of which the physiological action of Arsenic becomes apparent, this dose is to be continued and not increased. If symptoms of intoxication develop (sleeplessness, scrapy feeling in the throat, Præcordial oppression, irritation of the Stomach and diarrhœa), the dose is to be gradually reduced.

If the remedy, just mentioned, gives rise to repeated attacks of colic, the following is to be prescribed in its place:

Rx 1673    Acid. arsenicos.,                      gr. 11 $\frac{1}{4}$ , (.75 gm.)  
              Opii. pur.,                                  gr. 2 $\frac{1}{4}$ .  
              Pulv. Pip. nigr.,                         3 iss.  
              Gummi. Arabic.,                         3 ss.  
              Rad. Althææ,,                         3 ss.  
              M. f. c. Aqu. dest. q. s. pill. No. 100.  
              S. Like the preceding.

The action of these pills usually becomes manifest after the lapse of from 5 or 6 weeks. If no result is noticed from this form of treatment, after the administration of from 400 to 600 pills, this remedy is to be suspended and another form of treat-



R 1676 Sapon. virid., 3 iij,  
S. Green soap.

This is to be employed in the form of a course of innunctions. For seven days the soap (diluted with a little water) is applied 2 times, daily, with a stiff-bristle brush upon the affected parts of the skin (with the exception of the head and face). This cyclus of innunctions is followed by a pause of 6 days; upon the fourteenth day a bath is taken. While this treatment is being undergone, the patient must lie between woolen blankets or wear a shirt and a pair of drawers of woolen or tricot material. If the epidermal accumulations are thick and hard, pieces of flannel upon which Sapo Viridis has been spread are to be applied upon the regions involved. They are to be held in place by means of bandages for from 12 to 36 hours. If all of these procedures, just mentioned, fail to remove the scales, the following is to be tried:

℞ 1677 Kal. caustic., 3 v.  
 Aqu. dest, 3 x.  
 S. The affected areas are to be painted with the  
 same and afterward washed with water.

The scales may also be removed with a sharp Volkmann-spoon.

For Psoriasis of the head and face, the following is to be employed instead of the Sapo Viridis:

R̄ 1678 Spir. sapon. Kalin.,                      ℥ iij.  
S. After being mixed with warm water, to be  
rubbed into the skin with a flannel cloth.

When the process is not very diffuse, Tar frequently acts beneficially upon Psoriasis:

R 1679 Ol. Rusci (or Fagi, Cadin),  
Ol. Olivar., āā 3 iss.  
S. Externally.

The following also has been recently employed:

R 1680 Ol. Rusci, ʒ ij.  
Linim. exsicc. Pick., ʒ iiss.  
S. Externally.





- ℞ 1684 Ungu. Wilkinsonii Sulphurat., ʒ ij.  
 S. For 6 successive days the affected parts are to be covered with the ointment, which is to be briskly rubbed into the skin with a stiff-bristle brush. This is to take place twice, daily. On the tenth, eleventh or twelfth day, a bath is to be taken.

In very diffuse or Universal Psoriasis, the following, which is frequently attended with excellent results, is much employed :

- ℞ 1685 Acid. pyrogallie., ʒ ij.  
 Ungu. simpl., ʒ iiss.  
 S. Salve.

The salve is briskly rubbed with a stiff-bristle brush into the affected areas from one to two times, daily, for six successive days. It must not be employed, however, upon the head or face (where the White Precipitate Ointment, ℞ 1686 or 1687, is to be used). Upon the seventh day, the patient is to receive a bath, after which the cyclus is again commenced. If there is severe itching or if the urine (which must be thoroughly inspected each day) becomes dark green or black, the remedy must be suspended.

In Psoriasis of the face and the hairy scalp as well as in isolated plaques upon the body, the following is to be employed :

- ℞ 1686 Merc. præc. alb.  
 (i. e. Hydrag. Ammoniat.), ʒ ss. to gr. lxxv.  
 Ungu. emoll., ʒ x.  
 S. To be applied with a stiff-bristle brush upon the affected areas, which have been previously washed with soap suds.

The following has a more rapid action :

- ℞ 1687 Merc. præcip. alb.,  
 Magist. Bismuth., āā ʒj.  
 Ungu. emoll., ʒ x.  
 S. Like the preceding.

In localized Psoriasis, especially that involving only the knee and elbow, the Unguentum Rochardi acts well:

℞ 1687 (a)	Iod. pur.,	gr. xv.
	Calomelan.,	gr. xlv.
	Leni igni fuis adde:	
	Ungu. rosat.,	℥ xxxv.
	S. To be rubbed into the parts, morning and evening. If Eczema develops, to be suspended.	

For plaques of not too large size, scattered over the body, Chrysarobin will be found the best remedy (must not be used, however, upon the scalp or face):

℞ 1688		℞ 1689	
Chrysarobin.,	℥ ij.	Chrysarobin.,	℥ j.
Vaselin.,	℥ j.	Vaselin.,	℥ j.
S. Salve.		S. Salve.	

After the scales have been removed by bathing and washing with soap, the stronger or weaker salve (according to the severity of the process) is to be thoroughly rubbed with a stiff-bristle brush into the involved area. These applications are to be made once or at the most two times, daily. Upon the tenth to twelfth day, a bath is to be taken. The following prescription of Pick is less apt to give rise to Erythema:

℞ 1690	Gelatin. alb.,	℥ x.
	Aqu. dest.,	℥ iiss.
	Chrysarobin.,	℥ ij.
	S. To be liquified through heat in a water-bath and then applied.	

Likewise, the following, which has been recommended by Auspitz:

℞ 1691	Chrysarobin.,	℥ ij.
	Traumaticin.,	℥ iiss.
	S. To be applied with a brush.	

And also, the following, which is less irritating:

- ℞ 1692 Chrysarobin.,  
 Ol. Olivar,                      āā    3 ij.  
 Lanolin.,                         3 iiss.  
 S. Salve; to be applied in a thin layer with a  
 stiff-bristle brush.

Recently, the following has been employed in the same way:

- ℞ 1693 Chrysarobin.,                      3 ij.  
 Limim. exsicc. Pick.,                 3 iiss.  
 S. To be applied with a brush in a thin layer.

In the employment of all Chrysarobin preparations, great care must be taken on account of the ease of bringing on a Dermatitis.

Instead of Chrysarobin, the following may be tried:

- ℞ 1694 Anthrarobin.,                      3 ij.  
 Traumaticin.,                         3 iiss.  
 S. To be applied with a brush.

Recently, the Galacetophenon, which has been recommended by Nencki and Rekowski on account of its less irritating action, has been employed with excellent results:

- ℞ 1695 Galacetophenon.,                 3 ij. to iiss.  
 Ungu. simpl.,                         3 iiss.  
 S. Salve.

In localized Psoriasis, especially when occurring upon the face, scalp, and hands, Naphtol has proved very efficacious:

- ℞ 1695 (a) Naphtol.,                      3 j.  
 Ungu. emoll.,                         3 iiss.  
 M. f. ungu.  
 S. To be painted over the plaques, two times, daily, for six successive days; upon the seventh day the parts are to be washed with soap; or it may be advisable to paint the parts one day, and to wash them off with soap upon the next.

**Purpura Rheumatica.** The patient is to be confined in bed with the lower extremities placed in a comfortable position. Cold compresses are to be wrapped about the regions of the joints and liniments (Chloroform, with Ol. Olivar., etc.) or salves and plasters, such as the following, applied:

- ℞ 1696 Extr. Opii (aquos), 3 ss.  
 Ungu. emoll., 3 xiiss.  
 S. To be spread upon a piece of linen and after being applied held in place with a bandage.
- ℞ 1697 Extr. Opii (aquos) 3  $\frac{3}{4}$   
 Empl. saponat., 3 xiiss.  
 M. f. Empl.  
 S. To be used in the same way as the preceding.

Internally:

- ℞ 1698 Extra. Secal. cornut. (Ergot), gr. xv.  
 Pulv. et extr. Gentian. q. s. ut f. pill. No. 20.  
 S. 2 pills, 3 times, daily.

The following may also be employed:

- ℞ 1699 Ergotin. bis depur., gr. xv.  
 Aqu. dest., 3 iiss.  
 S. 7 minims are to be injected, every second day, hypodermically.

In Scorbutus, the same therapy, combined with the administration of the indicated diet, is to be employed.

**Rhinophyma**, see Acne Rosacea.

**Scabies. Itch.** The best remedies are Unguent. Wilkinsonii Sulphurat. in the modified form of von Hebra (see ℞ 1573) and the Ungu. Naphtoli Compositum of Kaposi:

- ℞ 1700 Axung. porc., 3 iiss.  
 Sapon. virid., 3 x.  
 Naphtol., 3 ij.  
 Cret. alb. pulv., 3 ij.  
 S. Salve.

With the bare hand, the whole body (without first taking a bath) is annointed, but especially the following regions: the fingers and the folds of the fingers, the flexor side of the wrist, the palms, the dorsum of the hands, the elbow, the anterior axillary folds, the nipples and the adjoining skin, the navel and the surrounding integument, the thigh, the buttocks, the penis and scrotum, the knees, and the inner side of the dorsum of the feet. After these regions have been annointed, the salve is to be spread over the whole body. After the inunctions have been taken, woollens are to be worn over the naked body or the patient is to be placed between woolen blankets. Upon the third or fifth day, a bath is to be taken and the skin thoroughly cleansed. From then on, the skin is to be faithfully powdered and a bath is not to be taken for at least one week. Resulting Eczemas are to be treated according to the well-established rules.

For moderate forms of the affection, inunctions with Balsam of Peru, or the following will suffice:

℞ 1701	Stryac. liquid.,	3j.
	Petrolei venal.,	
	Ol. Olivar.,	āā 3 iij.
	Balsam. Peruvian.,	3 ij.
	Spir. Sapon. Kalin.,	3 iv.
	S. For inunctions.	

For a fashionable practice, the following is well adapted:

℞ 1702	Flor. Sulphur.,	3 iij.
	Vaselin.,	
	Lanolin.,	āā 3 v.
	Ol. Lavandul.,	
	Ol. Menth ,	
	Ol. Naplav.,	āā gtt. v.
	S. Salve.	

Weinberg's Salve is also much employed:

℞ 1703	Styrac. liquid.,		
	Flor. Sulph.,		
	Cretæ. alb.,	āā	3 iiss.
	Sapon. virid.,		
	Axung. porci,	āā	3 v.
	S. Salve.		

Bourguignon's Salve may likewise be employed, but being very expensive, is to be prescribed to the well-to-do, only:

℞ 1704	Ol. Lavandul.,		
	Ol. Menthæ,		
	Ol. Caryophyllor.,		
	Ol. Cinnamomi.,	āā	1.5 grams. (1 gram =
	Gummi Tragacanth.,	5	15 grains.)
	Kal. carbonic.,	35	"
	Flor. Sulph.,	100	"
	Glycerin.,	200	"
	S. Salve.		

Or, in a simpler form, as modified by Hebra:

℞ 1705	Ol. Lavandul.,		
	Ol. Caryophyllor.,	āā	1.5 grams.
	Kal. carbonic.,	35	"
	Lact. Sulph.,	100	"
	Axung. porc., q. s. ut f. unguent.		
	S. Salve.		

**Scarlatina. Scarlet Fever.** The patient is to be isolated. In a case running a normal course, the treatment is to be purely expectative. The sickroom is to be kept thoroughly ventilated at a temperature of from 64 to 66° F. Cold beverages are to be given freely, also meat broths, milk, and a little compot. When there is an accompanying Angina (sore throat), cracked ice, fruit-ices, and some suitable gargle are to be prescribed. The body is to be washed often and the underwear and linen frequently changed. Whenever there is a temperature indicating a high fever, hydropathic procedures in the form of baths, sponging and enveloping the patient in wet sheets are to be resorted to and whenever deemed necessary. Quinine and Digitalis are to be given in addition. Complica-

tions are to be treated according to the established rules of internal medicine and surgery.

After desquamation has taken place, a lukewarm bath is to be given every second or third day. For the Parotitis, which frequently continues after the Scarlet Fever has run its course, the following applications are to be employed:

- ℞ 1706 Empl. Hydrargyri cin.,  
 Empl. Cicutæ, āā ʒ ss.  
 M. f. empl.  
 S. A fresh plaster is to be applied, daily.

The following may also be tried:

- ℞ 1707 Iodoform., ʒ ss.  
 Collodii, ʒ j.  
 Ol. Ricini, gtt. vj.  
 S. To be applied with a brush.

**Seborrhœa. Dandruff.** The crusts and scales are to be softened and removed with Olive Oil, Ol. Morrhuæ, lard, etc. to which a little Oxide of Zinc, Carbolic Acid, or Salicylic acid may be added. In Seborrhœa Capillitii, the oil is to be applied at night with a stiff brush or sponge and briskly rubbed, under considerable pressure of the hand, into the scalp after which a cap made of flannel or linen is to be placed upon the head and worn during the night. The crusts may be softened in a simpler way by wearing an india rubber cap (without an elastic band). The latter is held in place by several turns of a roller bandage. It must be remembered, however, that a very disagreeable odor is developed under the cap. The softened and disintegrated crusts are washed away in children with liquid glycerine soap and in adults with Spiritus Saponis Kalin. The latter is to be prepared after the following method of Hebra:

- ℞ 1708 Sapon. virid., ʒ iij.  
 Solve leni calore in Alcohol., ʒ iss.  
 Filtra et adde:  
 Ol. Lavandul.,  
 Ol. Bergamott., āā ʒ ¾.  
 S. Spiritus Saponis Kalin (Hebra).

After the scalp has been thoroughly washed and cleansed with this preparation, the further accumulations of Sebum and fissuring of the epidermis is prevented by applying the following:

R 1709		R 1710	
Ol. olivar.,	℥ iij.	Ol. Olivar.,	℥ iss.
Balsam. Peruvian.,	℥ ss.	Acid. carbolic.,	gr. viiss.
S. Pomade.		S. Hair-oil.	Or:

R 1711	Ungu. emoll.,	℥ xiiss.
	Zinc. oxydat.,	gr. xv.
	Ol. baccar. Lauri,	gtt. v.
	S. Ointment.	

After the Seborrhœa has been cured, the scalp is to be washed for several weeks with a suitable hair-water, such as the following:

R 1712	Acid. boric.,	℥ iss.
	Glycerine.,	℥ j.
	Spir. vin. Gallic.,	℥ vi.
	Tinct. Benzœs.,	℥ j.
	S. To be applied upon the head every day or every other day.	

In addition, some suitable pomade is to be used from time to time.

In Seborrhœa, occurring upon other regions of the body, the crusts likewise are to be softened with an oil and washed away with soap. In Seborrhœa of the Glans and Præputium and consecutive Balanitis, the involved areas are to be thoroughly cleansed after which a pledget of cotton or a piece of linen covered with an antiseptic salve or solution is to be placed between the folds of the skin:

R 1713		R 1714	
Plumb. acetic. bas.,	gr. viij.	Zinc. oxydat.,	gr. iij.
Aqu. font.,	℥ j.	Ungu. emoll.,	℥ ss.
S. Externally.		S. Salve.	



In addition to the local treatment employed for the Seborrhœa, it may be advisable to treat the patient internally for a causative Chlorosis, Dyspepsia, Scrophulosis, etc. by prescribing Gentiana, Rheum, Iron and Alkaline Chalybeate waters (recently the waters from Roncegno and Levico containing Arsenic have been given in quantities of from 2 to 4 table-spoonfuls pro die). Cod-liver oil, etc. may also be advisable.

For a complication with Eczema, see Eczema Chronicum.

**Sycosis. Bartfinne.** The beard is to be first closely cropped, after which the affected areas are to be covered with pieces of linen upon which Ungu. Diachylon, (R 1562) Ungu. Vaselini Plumbic. (R 1563), or Emplastr., Saponat Salicylic. (R 1571) have been spread. The linen is to be held in place with flannel bandages. After the lapse of 24 hours, the dressing is to be changed, the skin washed with soap, and the beard shaved. From then on, epilation is to take place, daily. The region of the skin selected is drawn tense with the fingers of the left hand while with the right hand which holds an epilator and which is supported by the little finger, the diseased hairs are extracted, one at a time, in the direction in which they normally point. The epilation is to take place in a systematic manner, one locality after the other being selected. Following each epilation, the spot operated upon is to be washed. If there is severe inflammation, cold applications are to be made or compresses saturated in Liquor. Burowi (R 1260) applied, after which one of the previously mentioned salves are to be employed. Upon the succeeding day, the skin is to be again washed and epilation is to take place as before. These procedures are continued until the skin has become soft and pliable, until no more pustules form and the new hairs become firmly adherent to the scalp. Thickened infiltrated areas are to be scarified or punctured; loosened areas of skin curetted and abscesses opened. When there are stubborn and repeated relapses and numerous pustules develop or when the induration of the skin persists, it is to be painted with Ungu. Wilkinsonii Sulphurat. (R 1573) or a Sulphur Paste (see Acne Vulgaris R 1512, 1513) is to be applied. Soft soap which is to remain upon the skin for 12 hours, Tinct. of Iodine, Iod.-Glycerine

(R 1523) or a 1/2-per-cent Corrosive-Sublimate solution, etc. may likewise be tried. The papillary glandular proliferations which at times develop are to be cauterized with the following:

**R 1715**

Acid. acetic. 3 ij.  
Lact. Sulph., 5 ss.  
M. f. pasta.  
S. To be applied with a brush.

Or:

**R 1716**

Cupri acetic., gr. ivss.  
Ungu. simpl., 5 iiss.  
S. Salve.

Cauterization with Hydrochloric Acid or excochleation may be resorted to. After the healing of a Sycosis, the face is to be kept shaved for at least one year. The treatment of a Sycosis Capillitii is to be similar to that of a Chronic Eczema but shaving and epillation may also become necessary. In Sycosis Parasitaria, the affected areas are to be brushed with a 1-per-cent Corrosive-Sublimate solution or an Acetate-Sulphur paste is to be applied.

**Syphilis Cutanea. Syphilis of the Skin.** The Chancres are to be treated according to the well-established surgical rules. As an agent to cause the disappearance of the initial lesion, the following may be highly recommended:

**R 1717** Emplastr. Hydrargyri ciner.,

Emplastr. saponat., āā 5 ij.

M. f. empl.

S. To be spread upon a piece of linen. To be freshly applied every 2 to 4 hours.

[Excision of the initial lesion is not to take place under any circumstances (unless occurring upon some locality, where through its situation it causes a serious mechanical obstruction) in as much, as in the development of a general Syphilis, the procedure has no influence whatever; and, according to Prof. Neuman, only tends to aggravate, prolong, and intensify the disease.—Metzerott.]

For the same reason, preventive cures are to be discouraged.

After the secondary symptoms have made their appearance, the remedies which are known to act most vigorously upon the disease (preferably inunctions) are to be employed.

- ℞ 1718 Ungu. ciner., ℥j.  
 Div. in dos. æqu. No. 10 or 12.  
 Da in chart cerat.  
 S. Every evening, one package is to be rubbed  
 into the skin.

The inunctions are to be taken every evening (in a regular *cyclus*) upon a different portion of the body. The greatest care is to be observed in keeping the mouth in good order. The teeth are to be thoroughly cleansed and the mouth frequently rinsed with the following:

- ℞ 1718 (a) Kal. chloric., gr. lxxv.  
 Aqu. font., ℥ xvj.  
 S. To be used as a gargle. Enough for one  
 day.

When inunctions are not practicable, on account of unavoidable circumstances, injections of the following are to be given:

- ℞ 1719 Mercur. Sublim. Corros., gr. iss.  
 Aqu. dest., ℥ iiss.  
 S. 15 minims are to be injected, daily.

The following has been used with excellent results by Lukaszewicz:

- ℞ 1720 Merc. sublim. corros.,  
 Natr. chlorat., āā 3 ss.  
 Aqu. dest., 3 x.  
 S. Every week, 15 minims (i. e. 1 hypodermic-syringeful) are to be injected intramuscularly in the Gluteal Region.

From 6 to 8 injections will suffice.

The preparation, recommended by Bamberger, may also be administered, subcutaneously:

- ℞ 1721 Hydrargyr. bichlorat., peptonat. solubil., ℥ ss.  
 S. 15 minims are to be injected subcutaneously,  
 daily.

Recently, the following, recommended by Neisser and Kopp, has been employed:

- ℞ 1722 Calomelan. vap. par.,                    ʒ ij.  
           Natr. chlorat.,                         ʒ ss.  
           Aqu. dest.,                             ʒ iiss.  
           S. Every week, 1 hypodermic-syringeful (15 min.)  
               is to be injected.

Hydrargyr. Oleinic., which was first recommended by Lang, is used very much at the present time:

- ℞ 1723 Hydrargyr. pur.,  
           Lanolin.,                             āā gr. xlv.  
           Ol. Olivar.,                         ʒ j.  
           M. f. emulsio.  
           S. Once every week,  $1\frac{1}{2}$  to 2 divisions of a graduated hypodermic syringe are to be injected into the Gluteal Region.

Usually, from 3 to 5 injections of the two latter mixtures suffice to effect a cure [?]. When Hydrargyr. Oleinic. is employed, great care is to be exercised on account of Mercurial intoxication.

The following, recommended by Lustgarten, may be administered in the same way:

- ℞ 1724 Hydrargyr. Tannic. Oxydulat.,    ʒ ss.  
           Ol. Vaseline.,                       ʒ v.  
           S. Every week, 1 hypodermic-syringeful (15 min.)  
               is to be injected.

In every one of these forms of Mercurial treatment, particular attention must be paid to the care of the mouth. The same care is to be observed as when inunctions are taken.

For the treatment of relapses, especially those of the early stages of Syphilis, the internal administration of Mercury is also suitable; providing, of course, a slow form of medication is not attended with danger:

- R 1725 Hydrarg. Tann. oxydul., 3.0 grams.  
 Acid. Tannic., 0.3 "  
 Laudan. pur., 0.2 "  
 Sacch. lact., 7.0 "  
 M. f. pulv. div. in dos. æqu. No. 30.  
 S. 3 powders, daily.

The internal administration of Calomel is also followed quite frequently with excellent results:

- R 1726 Calomelan levigat., gr. viiss.  
 Opii pur., gr. iss.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 powders, daily.

Sublimate baths act very beneficially upon diffuse, ulcerating gummata:

- R 1727 Merc. sublim. corrosiv., 3 iiss.  
 Aqu. dest.,  
 S. To be added to a bath.

During the later stages, especially in affections of the bones and joints, in the Dolores-Osteocopi, treatment with Iodides is very efficacious:

- |   |   |
|---|---|
| <p>           R 1728<br/>           Kal. (or Natr.) iodat., 3 ss.<br/>           Aqu. dest., 3 iiss.<br/>           Syr. cort. Aurant., 3 ss.<br/>           S. To be consumed in 1 day.         </p> | <p>           R 1729<br/>           Kal. (or Natr.) iodat., 3 iiss.<br/>           Pulv. et extr. Acori q. s. ut f.<br/>           pill. No. 40<br/>           S. 4 to 8 pills, daily.         </p> |
|---|---|

In those late forms accompanied with cachexia, especially in ulcerating affections of the Pharynx, inunctions are to be given at once and the following administered, simultaneously:

- |  |  |
|--|--|
| <p>           R 1730<br/>           Decoct. Zittmann. fort.<br/>           (see R 1922), 3 ix.<br/>           S. To be drank warm in the morning; and the following at night:         </p> | <p>           R 1831<br/>           Decoct. Zittmann. mit.<br/>           (see R 1923), 3 7½ to ix.<br/>           S. To be taken in a cold state at night.         </p> |
|--|--|

In addition to the general constitutional treatment, a local treatment of the single disorders or lesions is frequently indicated. In Psoriasis Palmaris or Plantaris broad Condylomata and painful papules, gunumatus nodules, etc., covering the affected areas with Emplastrum Hydrargyri will be found advantageous. In ulcerative processes of the nose or Pharynx, threatening the destruction of the organ, cauterization with Nitrate of Silver is to be resorted to. When there are mucous patches as well as succulent Papules and Condylomata, the affected regions are to be swabbed with the following:

℞ 1732

Merc. sublim. corros., gr. xv.

Spir. vin. rectif.

(or Collodii), ʒ xiiss.

S. To be applied with a brush.

Or:

℞ 1733

Acid. Lact. cencentr., ʒ ss.

S. To be applied with a brush.

Or Plenck's solution:

℞ 1734 Merc. sublim. corrosiv.,

Alum. crud.,

Champhor. ras.,

Ceruss.,

Spir. vin.,

Acet. vin.,

āā ʒj.

S. To be applied with a brush.

Or:

℞ 1735 Acid. Chromic.,

ʒ ij.

Aqu. dest.,

ʒ ss.

S. To be applied with a brush.

The medication employed in the treatment of Syphilis is to be continued until all the symptoms of the affection have disappeared. Whenever relapses occur, treatment is to again take place. On the other hand, when there are no symptoms of Syphilis, no anti-syphilitic remedy is to be prescribed. As an after-treatment, Sulphur- and sea-baths, hydrotherapy, a nutritious diet, and a general tonic treatment are procedures which can not be too highly recommended.

Teleangiectasia. See Angioma.







Menthol is also an excellent remedy for the itching:

℞ 1742 Menthol.,  
 Glycerin., āā 3j.  
 Tinct. Benzoes., 5j.  
 Spir. vin. Gallic., 3v.  
 S. To be applied with a sponge.

It is advisable to sprinkle powder upon the skin covered by the rash.

For the prevention of the wheals, resulting from insects-bites, sponging with Ammonia Pura Liquida is very effective.

In protracted cases, baths with Soda ( $\frac{1}{2}$  to 2 pounds), Alum (1 pound), Corros. Sublim. (75 grains to  $2\frac{1}{2}$  drams pro Balneo) are to be given. The internal use of Arsenic (Pilul. Asiaticæ) or Atropine may also be recommended:

℞ 1743 Atropin. Sulph. 0.01 grams.  
 Aqu. dest.,  
 Glycerin., āā 2. "  
 Pulv. Tragananth. q. s. ut. f. pill. No. 20.  
 S. 1 or 2 pills, 2 times, daily.

In chronic cases, in adults, the following may also be prescribed:

℞ 1744 (b) Naphtol., 3j,  
 Lanolin.,  
 Vaseline., āā 3x.  
 S. A thin coating is to be applied once, daily.

**Variola. Small-Pox.** In the mild forms of the disease, the treatment is to be purely expectative. The room is to be kept at a moderate temperature and well aired. Cool beverages are to be handed to the patient frequently (cold water is the best). For the Angina (sore throat), the following gargle is to be prescribed:

℞ 1745 Kal. chloric. (or Alum. crud.), 3j.  
 Inf. flor. Tiliæ., 3viiss.  
 Tinct. Opii. crocat., 3ss.  
 Mell. rosat., 3ij.  
 S. Gargle.



Warts may also be effectively destroyed by means of Electrolysis.

It is advisable to also dust *Verrucæ Acuminata* with the following:

℞ 1749 Pulv. frond. Sabin.,  
Alumin. ust., āā 3 ij.  
S. To be sprinkled upon the warts. Or:

℞ 1750 Resorcin. pur., 3 iiss to v.  
Glycerin.,  
Vaselin., āā 3 vi.  
M. f. pasta.  
S. To be spread upon the warts, daily.



# SYPHILIS AND VENEREAL DISEASES

FROM THE

CLINIC AND AMBULATORIUM

CONDUCTED BY

Prof. ISIDOR NEUMAN, M.D.

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## A. GONORRHŒA AND ITS COMPLICATIONS.

**Gonorrhœa Acuta. Clap.** During the first few days, when there are marked inflammatory symptoms, rest in bed is desirable above everything else; but if this is not practicable, locomotion is to be restricted as much as possible. A bland, non-irritating diet is to be prescribed. Later, when there is less pain and the discharge has become more profuse, a moderate amount of exercise is permissible; but much exertion (running, dancing, riding, etc.) is to be forbidden. The food is to continue to be non-irritating; highly seasoned dishes, and carbonated drinks are not to be taken. Mild, diluted red wines, however, may be allowed in small quantities. Care is to be taken that there is a regular stool; every form of sexual excitement is to be avoided. A suitable suspensory is to be worn. The patient is to be warned and precautions are to be taken to avoid a Gonorrhœal infection of the eye.

During the first stage, none of the drugs usually employed in the treatment of Gonorrhœa (Balsams, and injections) are to be used. Only cold, wet compresses or compresses saturated in lead-water are to be applied around the affected organ. Injections of cold water into the Urethra are certainly permissible at times. For the painful erections, the following is to be prescribed:

℞ 1751 Kal. bromat., ʒ iiss.  
Lupulin., gr. xv.  
Morph. mur.,  
Camphor. trit., āā gr. iss.  
M. f. pulv. div. in dos. æqu. No. 10.  
Da in chart. cerat.  
S. 2 powders are to be taken at intervals of 1/2  
to 1 hour, before retiring.

(If gastric disturbances happen to be present in an individual greatly reduced in health, the Camphor is to be omitted.)

The following may likewise be recommended:

℞ 1752 Kal. Bromat., 3 iiss. to v. -  
 Extr. Cannab. Indic., gr. viiss to xv.  
 M. f, pulv. div. in dos. æqu. No. 10.  
 S. 1 powder is to be taken at night in either  
 water or almond-milk.

For painful or difficult micturition or even Retentio Urinae, warm tub- or sitz-baths are to be given; likewise narcotics in the form of suppositories (see Cystitis, R 1806, 1807). The catheter is not to be employed except in an emergency.

After the lapse of 3 or 4 days, when the pains have remitted and the discharge has become more profuse, Balsamica are to be prescribed, especially Balsam of Copavia. This remedy, however, must be suspended the moment a gastric catarrh, a diarrhoea as well as a Erythema, makes its appearance. It is best prescribed in the following form:

℞ 1753 Balsam. Copaiv., -℥ ss.  
S. 15 drops, mixed with granulated sugar and  
inclosed in a wafer, 3 times, daily (after meals).

Or:

℞ 1754 Balsam. Copaiv., gtt. v.  
Da in capsul. gelatinos.  
Dent. tal. dos. No. 50.  
S. 3 capsules, 3 times, daily (after meals). This  
number is to be gradually doubled if the remedy  
is well borne.

The Balsam may also be advantageously prescribed with aromatic waters:

- ℞ 1755 Balsam. Copaiv.,  
 Aqu. Menth. pip.,  
 Aqu. Meliss., āā ʒ ij.  
 S. 1 teaspoonful, 3 or 4 times, daily.

More rarely the following is prescribed:

- ℞ 1756 Balsam. Copaiv., ʒ x.  
 Ol. Amygdalar. dule.,  
 Mucilag. gumm. Arabic.,  
 Syr. simpl. or cort. Aur., āā q. s.  
 ut. f. mixt. oleos. pond., ʒ ixss.  
 S. 2 or 3 to 6 teaspoonfuls, daily.

Formerly, Chopart's mixture was very popular:

- ℞ 1757 Bals. Copaiv. rec.,  
 Alcohol. pur.,  
 Syr. balsam. Tolutan., āā ʒ x.  
 Aqu. Menth. pip., ʒ ivss.  
 Acid. nitric. dil., ʒ ij.  
 S. 3 to 6 tablespoonfuls, daily.

Turpentine is also prescribed, but more rarely, however, on account of the irritation which it occasionally causes in the alimentary canal:

- ℞ 1758 Ol. Terebinth. rect., ʒ ij.  
 S. About 3 drops, 2 times, daily, mixed with sugar, in a cup of tea. The dose is to be gradually increased to 25 drops pro die.

It may also be taken in capsules (R 1812).

Or the easily digested Sandal-Oil may be taken:

- ℞ 1759 Ol. ligu. Santal., ʒ ss.  
 S. Like the preceding.

In addition to the Balsamica, it is advisable to prescribe also the following:

R̄ 1760 Herb. Hern.,  
Fol. uv. urs., āā 3j.  
S. Tea; 1 tablespoonful, in a cup of hot water,  
morning and evening.

After the lapse of the first two or three weeks, when the severe symptoms of irritation have disappeared, when the secretion has become thin and pearly, when the second half of the urine (which for the purpose of comparison and examination is to be collected in two portions in two different vessels) commences to become clear this latter form of treatment is to be replaced by injections. As a supportative treatment or when the injections of various medicaments lose their efficacy by reason of their prolonged use, Cubebs are to be given:

**R 1761**  
 Pulv. Cubebar. recent. tus., 3 x  
 Extr. Gentician., 3 ss.  
 M. f. pulv.,  
 S. From 3 to 5 gr., 3 times,  
 daily, after meals.

R 1762  
 Extr. Cubeb. alcohol, 3 iv,  
 Tinct. aromat. acid. 3j.  
 S. From 15 to 20 drops, 4  
 times, daily.

**R 1763**  
 Pulv. Cubeb. rec. tus.,  
 Extr. Cubeb. alcohol., āā 3j.  
 M. f. pill No. 40.  
 S. 3 pills, 3 times, daily, af-  
 ter meals.

R 1764  
Balsam. de Tolu.,  
Pulv. Cubeb. rec. tus., āā ʒj.  
M. f. pill. No. 40.  
S. 2 or 3 pills, 3 times, daily.

℞ 1765 Balsam Copaiv.,  
Pulv. Cubebæ, rec. tus., āā 3 ss.  
Extr. Gentian. q. s. ut f. pill. No. 30.  
Consp. semin. Lyopod.  
S. 2 or 3 pills, 3 times, daily.

**The Injections** are not to be taken until the symptoms of urethral irritation have disappeared, until the secretion has become profuse, thin, and pearly; that is about two or three weeks after the commencement of the affection. The injections are to be given while the patient is in a sitting posture with a metallic or hard-rubber syringe having a conical end covered with a soft-rubber cap. The patient must be instructed to



urinate immediately before taking the injection and the Urethra must be first washed out with 1 or 2 syringefuls of lukewarm water; after which from 1/2 to 1 syringeful of the medicament (which should be warmed if the Urethra is sensitive) is to be injected. The solutions are retained by compressing the orifice of the Urethra, during the commencement of the treatment, for several seconds and later for as long an interval as three minutes. The injections are given in the following manner: After the syringe has been filled, whatever air may have gained an entrance into the chamber is first expelled. The nozzle is introduced into the orifice of the Urethra, the syringe pressed against the same with the left hand and by pushing forward the piston with an equal pressure the solution is injected.

This procedure is repeated at first once; later, 3 times, daily. Weak astringents in the form of very weak solutions are employed at first; later, stronger and more concentrated solutions are employed. Every 8 to 14 days, a different mixture is to be used especially when a medicament, previously employed, no longer causes a prickly sensation in the Urethra. If the solution injected gives rise to a burning feeling, a weaker solution or a milder agent is to be injected. It may be an indication that injections are not yet advisable. The milder solutions, which are given at first, are the following:

℞ 1766

Kal. hypermanganic., gr.  $\frac{1}{3}$  to 1.  
 Aqu. dest.,  $\frac{3}{4}$  vj.  
 S. For injections.

℞ 1767

Zinz. Sulphocarb., gr. 3, 9 or 14.  
 Aqu. dest.,  $\frac{3}{4}$  vj.  
 S. For injections.

During the latter stages, Ricord's solution is much employed:

℞ 1768

Zinc. Sulph., gr. xv.  
 Plumb. Acetic. basic. solution.,  $\frac{3}{4}$  ss  
 Aqu. dest.,  $\frac{3}{4}$  xiiss.  
 S. Injection; to be well shaken before being used.

Other solutions much employed are the following:

℞ 1769

Zinc. Sulph., gr. iij. to xiv.  
 Aqu. dest.,  $\frac{3}{4}$  vj.  
 S. For injections.

℞ 1770

Alum. crud., gr. viiss. to xv.  
 Aqu. dest.,  $\frac{3}{4}$  vj.  
 S. Injections.

**R 1771**

Zinc Sulph.,  
 Alum. crud., āā gr. ivss. to ix.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1773**

Acid. Boric., gr. xlv. to ʒ iss.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1775**

Bismuth. subnitric.,  
 gr. viiss. to xxx.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1777** Argent. Nitric., gr.  $\frac{1}{3}$  to  $1\frac{1}{2}$ .  
 Aqu. dest., ʒ vj.  
 S. For injections.

The following are more rarely employed:

**R 1778**

Acid. carbolic., gr. iii. to xv.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1780**

Acid. Tannic., gr. iii. to xv.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1782**

Cadm. Sulph., gr. iii. to viij.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1772**

Plumb. acet. basic. sol., ʒ ss. to j.  
 Aqu. dest., ʒ xij.  
 S. For injections. (To be well shaken before being used.)

**R 1774**

Resorcin. pur., gr. xlv. to lxxv.  
 Aqu. bidest., ʒ xxv.  
 Da in vitr. nigr.  
 S. For injection.

**R 1776**

Cupr. Sulph., gr.  $\frac{1}{3}$  to 1  
 Aqu. dest., ʒ vj.  
 S. Externally.

**R 1779**

Zinc. acetic., gr. iii. to ix.  
 Aqu. dest., ʒ vj.  
 S. For injections.

**R 1781**

Kaolin. pulv., gr. viiss.  
 Aqu. dest., ʒ 6 $\frac{1}{4}$ .  
 S. For injections.

**R 1783**

Alum. crud.,  
 Plumb. acetic. bas. sol., āā ʒ ss.  
 Aqu. dest., ʒ xiiss.  
 S. For injections, to be well shaken.

℞ 1784  
Acid. Boric., 3 ss.  
Natr. salicylic., gr. viiss.  
Aqu. dest., 3 6¼.  
S. Externally.

℞ 1786  
Zinc. Sulph., gr. vj.  
Iodoform., 3 ss.  
Aqu. dest., 3 vj.  
S. For Injections. (To be well  
shaken before being used.)

℞ 1785  
Cupr. Sulph., gr. ss.  
Alum. crud., gr. j.  
Aqu. dest., 3 viiss.  
S. Externally.

℞ 1787  
Zinc. acetic., gr. viiss.  
Tinct. Catechu., 3 ss.  
Tinct. Opii simpl., gtt. x.  
Aqu. dest. 3 vj.  
S. For injections.

A Gonorrhœa is to be treated until the flocculent shreds in the urine have entirely disappeared from the Urine of the morning, after which the patient may again gradually return to his usual mode of life.

**Gonorrhœa Chronica. Gleet.** Astringents are to be applied or the Urethra is to be disinfected by means of irrigations administered with an Ultzmann irrigating catheter or a Nélaton or Mercier catheter. The catheter is first pushed forward into the bladder and then withdrawn a little until urine ceases to be discharged after which the medicated solution is injected (see R 1350, 1352).

In old neglected cases, concentrated solutions may also be applied with the Ultzmann dropper (see page 396). In this instrument, the following solutions are to be employed:

℞ 1788 Argent. nitric., gr. iij. to xv.  
Aqu. dest., 3 v.  
Da in lagenul. nigr.  
S. 1 to 3 drops are to be injected every day or  
every second day.

In the same way the following:

℞ 1789  
Cupr. Sulph., gr. iij. to xv.  
Aqu. dest., 3 v.  
S. Like the preceding. Or:

℞ 1790  
Zinc. Sulph., gr. viiss. to xxx.  
Aqu. dest., 3 v.  
S. For injections.

When there is no discharge and only shreds (flocculent desquamated epithelial flakes) are visible in the urine, urethral suppositories, which either the patient himself inserts with the hand or the physician with the von Dittel Porte-remède, will be found advantageous. These, however, must not be used when there is a tendency to Cystitis, especially if the patient has previously had an attack of catarrh of the bladder:

℞ 1791 Iodoform., gr. xv.  
Gelatin. alb. q. s. ut f. suppos. urethr. longitud.  
centim. 5 (about 2 inches), crassit. centim. .5  
(about 1/5 of an inch), No. 10.  
S. 1 or 2 suppositories are to be inserted, daily.

℞ 1792 Acid. Tannic., gr. iij  
Gelatin. alb. q. s. ut f. suppos. urethral., etc.  
S. Like the preceding.

(Instead of Acidum Tannic., the Sulphate of Zinc. or Alum. crud. may be used in the same dose). Likewise:

℞ 1793 Acid. Tannic.,  
Extr. Opii (aquos),  
Balsam. Copaiv., āā gr. v.  
Pulv. gumm. Arabic., gr. xxiv.  
Misce exactissime.  
Fiant bac. urethral. No. 12.  
S. 1 or 2 suppositories are to be introduced, daily.

℞ 1794 Cupr. Sulph., gr. iss.  
Gelat. alb., q. s. ut f. supp. urethral. No. 10.  
S. Like the preceding.

℞ 1795 Argent. nitr. gr.  $\frac{3}{4}$   
Gelatin. alb. q. s. ut f. suppos. urethral. No. 10.  
S. 1 suppository, morning and evening.

The following may be introduced with the Porte-remède, of von Dittel:

℞ 1796 Zinc. Sulph., gr. iss.  
Solv. in Glycerin., q. s.,  
But. Cacao q. s. ut f. supp. urethr. magnit. gran.  
hordei. No. 10.  
S. One suppository is to be introduced, daily.

℞ 1797 Argent. nitric., gr. ss.  
But. Cacao. q. s. ut f. suppos. urethr. brevia No. 10.  
S. Like the preceding.

**Periurethritis. Cavernitis.** Rest is indicated and in bed if possible. • Every form of local treatment of the Gonorrhœa is to be suspended. The Penis and Scrotum are to be supported by a compress wound around the upper portion of the thigh. The Penis itself is to be enveloped in a cloth wrung out in Aqua Plumbica or Aqua Goulardi around which ice-compresses are placed. When fluctuations can be demonstrated, a puncture of the abscess is to be made and an antiseptic dressing applied. If the inflammatory process disappears rapidly without abscess formation, moist compresses are to be applied for the purpose of causing a disappearance of any infiltrate which may remain behind. The following are to be used as inunctions:

℞ 1798		℞ 1799	
Extr. Belladonn.,	gr. xv.	Iod. pur.,	gr. iij.
Ungu. ciner.,	3 iiss.	Kal. iodat.,	3 ss.
S. A piece the size of a pea		Ungu. simpl.,	3 v.
is to be rubbed into the tis-		S. Like the preceeding.	
sues, daily.	Or:		

**Prostatitis. Inflammation of the Prostate.** In acute inflammation of the Prostate, rest in bed is indicated. A fever diet is to be prescribed and care is to be taken to obtain a soft stool, daily. The gonorrhœal treatment is to be suspended—the injections as well as the Balsamica. If there are very severe pains, suppositories of Morphium are to be employed. For the purpose of relieving the inflammatory symptoms, leeches (10 or 12) may be applied to the Perineum and about the Anus. This will be found a most effective procedure. From time to time, sitz-baths are advisable and also the employment of Arzberger's apparatus (a metallic bulb attached to two metallic arms through one of which the water flows into the bulb and through the other of which it is carried off). The bulb having been well oiled is to be introduced into the Rectum with the India-rubber tubes attached to the afferent and efferent arms. The

former communicates with the vessel placed above the patient at the desired height and filled with water at the required temperature, and the latter with a receptacle standing upon the floor. The air in the tube is removed by aspiration with a syringe. The water flowing through the tubes and bulbs is collected in a vessel upon the floor. In very acute cases, fresh hydrant-water is allowed to flow through the apparatus, but if suppuration and rupture can no longer be prevented, it is better to employ water at a temperature of from 99 to 102° F. The apparatus is usually employed for several hours during the day. When there is retention of urine, a thin elastic catheter is to be introduced into the bladder (with the greatest care, however). When fluctuation is present and a rupture is threatened, an incision is to be made from the Rectum.

In Chronic Prostatitis and Prestatorrhœa, a nutritious but non-irritating diet is to be prescribed. Sexual excitement is to be avoided. Attention is to be paid in securing a regular stool. For pollutions, the Bromide of Potassium, Camphor, etc. (R 1751-1752) are to be prescribed. The concomitant Gonorrhœa is to be treated in whatever way may be indicated. Warm baths may be given and Arzberger's apparatus may be employed (see above). When the latter is used, water at a temperature of 95 to 103° F. is to be allowed to flow through the same for half an hour at a time, two times, daily. In addition, the Iodide of Potassium is to be prescribed in the form of suppositories:

R 1800	Iod. pur.,	gr. $\frac{3}{4}$ .
	Kal. iodat.,	3 ss.
	Extr. Belladonn.,	gr. $2\frac{1}{4}$ .
	But. Cacao q. s. ut f. suppos. No. 10.	
	S. 1 suppository, morning and evening.	

If the Prostate is not sensitive to the touch, massage of the same will be found beneficial. The index finger is introduced into the Rectum and the enlarged prostate massaged by making circular and linear tours under gradually increasing pressure.

**Epididymitis. Inflammation of the Epididymis.** The best prophylactic procedure is to wear a well-fitting suspensory.

When the affection has developed, every form of local treatment of the Gonorrhœa or concomitant Cystitis is to be suspended. During the commencement of the affection, the patient is to rest in bed. A fever diet is to be prescribed and a regular stool secured. Biliner or some similar mineral-water is to be taken. The Scrotum is to be elevated with a wedge-shaped cushion or what is even better by a towel stretched over the upper portion and fastened underneath the thigh. Cold compresses (compresses saturated in lead-water and covered with compresses wrung out in ice-water) are to be placed over the Scrotum. If there are severe pains, Leiter's metallic coil (with cold water) is to be employed. The following inunctions may also be used for the same purpose:

R 1801		R 1802	
Extr. Opii (aquos),	gr. xv.	Extr. Belladonn.,	gr. xv.
Ungu. simpl.,	3 v.	Ungu. simpl.,	3 v.
S. Salve.		S. Salve.	

If the pains are extremely violent and there is a feeling of downward straining, suppositories of Morphia (see R 1806) may also be prescribed. For Acute Hydrocele and the great tension of the tissues resulting from the same, there is nothing that can be recommended more, than puncture with the troiscar.

When the acute symptoms of inflammation are disappearing, Tincture of Iodine (with equal parts of Tinct. Gallar.) is to be applied with a brush, or an Iodide-of-Potassium salve, or the following (which is used perhaps the most) is to be employed for the purpose of causing the absorption of any infiltrations which may remain:

R 1803	Plumb. Iodat.,	3 j.
	Ungu. simpl.,	3 x.
	S. A thin layer is to be spread over the affected parts.	

During this stage, the patient may leave his bed but a Langlebert-Zeissl suspensory must be worn. Directly upon the Scrotum, a piece of linen upon which an Iodine Salve has been spread, is to be placed (it is not necessary, however, to use this salve, if the swelling has partially disappeared); over this is

placed a piece of absorbent cotton and upon the latter a piece of rubber cloth through which an opening has been cut for the Penis. The vulcanized surface of the rubber cloth is to face the inside. The whole is then to be placed in a linen suspensory (Langlebert-Zeissl) which is fastened to the body by means of an elastic abdominal band and straps passing around the thighs. (The suspensory is so arranged that by means of two short pieces of tape running through the edges of both sides of the sack, a portion of the same may be drawn together and by tying the ends the bag of the suspensory may be rounded to any degree desired.) The suspensory is to be worn continuously; is to be tightened during the day and loosened at night. When the acute symptoms have completely disappeared and an indurated swelling, unaccompanied with pain, remains behind, Frick's dressing and bandage are to be applied. With the left hand, the Scrotum is seized at some point above the diseased Testicle which is firmly pressed downward. A linen strip, not quite half an inch wide, upon which a well adherent Blue-ointment has been spread or simply a piece of adhesive strip, is tightly wound around the Scrotum above the left hand by making a single circular turn in such a way that the affected testicle appears completely isolated from the remaining scrotal contents. The testicle is now firmly compressed by applying the same kind of strips perpendicular to the first strip and running circularly from one side of the strip to the other and also several circular strips running parallel to the first strip (the latter for the purpose of holding the underlying strips together). After the lapse of a few days, the strips are to be removed. If Eczema has developed, they are not to be applied again. After an Epididymitis has been cured, the patient must wear a suspensory for a longer time.

**Cystitis. Catarrh of the Bladder.** In acute Cystitis, rest in bed and a non-irritating diet is to be prescribed. Milk especially, is to be given freely. A regular stool is to be obtained. If necessary, enemata or bitter waters (Hunjadi, etc.) are to be given for its production. The Balsamea which may have been used, are to be suspended, as are also injections. Sitz-baths are to be taken two or three times during the day and hot compresses or cataplasma applied to the bladder. For



severe pains and Vesical Tenesmus, the following is to be prescribed:

# R 1804

Lupulin., gr. xxx.  
 Morph. muriat., gr. 3/4.  
 Sacch. alb., ʒ ij.  
 M. f. pulv. div. in dos. æqu.  
 No. 10.

S. 3 to 5 powders, daily.

Or:

# R 1805

Camphor. ras., gr. xv.  
 Ol. Amygdalar. dulc., ʒ v.  
 Pulv. gumm. Arab., ʒ iiss.  
 Aqu. Cerasor. nigror., ʒ v.  
 Syr. simpl., ʒ iiss.

S. 2 tablespoonfuls, every 2 hours.

Suppositories have a more rapid action.

# R 1806

Morph. mur., gr. iss.  
 But. Cacao. q. s. ut f. suppos.  
 No. 10.

S. 1 suppository, morning and evening.

Or:

# R 1807

Extr. Belladonn., gr. iij.  
 But. Cacao q. s. ut f. suppos.  
 No. 10.

S. Like the preceding.

Internally, mucilaginous drinks, such as the following, are to be prescribed:

# R 1808

Herb. Herniar.,  
 Herb. Chenopod. ambros.,  
 āā ʒ vj.

S. Tea. 1 teaspoonful to a tea-cup of water, 3 times, daily.

Or:

# R 1809

Decoct. sem. Lini., ʒ ix.  
 Tinct. Opii., gtt. x to xxx.

S. To be used in 1 day.

For vesical hemorrhage, occurring during the beginning of a Cystitis, the following is to be prescribed:

# R 1810

Ext. Secal. cornut.  
 (Ergot), gr. xv.

Aqu. dest., ʒ v.  
 Syr. rub. Idæi., ʒ v.

S. 1 tablespoonful, every 2 hours.

Or:

# R 1811

Ext. Secal. cornut. (Erg.) gr. xv.  
 Elæos. Cinnamom.,

Saach. alb., āā ʒ ss  
 M. f. pulv. div. in dos. æqu.

No. 10.

S. 1 powder, every 2 hours.

When there is violent and stubborn hemorrhage from the bladder, injections of cold water into the bladder are to be given, or a thick Nélaton-catheter is to be introduced and allowed to remain (Horovitz). If these procedures prove futile, a 2 or 3-per-cent Nitrate-of-Silver solution or a 1/2 to 1-per-cent solution of the Chloride of Iron is to be injected.

When the more severe signs of irritation have subsided (after the lapse of a few days) and when there is no longer fever or hæmaturia, Balsamica may be prescribed. Turpentine is the best:

**R 1812**

Ol. Tereb. rectificat.,      gtt. v.  
Da in capsul. gelatinos.,  
Dent. tal. dos. No. 20.  
S. 1 to 3 capsules, daily.

Or:

**R 1813**

Terebinthin., ven. pur.,  
Extr. Gentian.,      āā gr. xlv.  
M. f. pill. No. 30.  
S. 1 pill, 3 times, daily, after meals.

Recently, the following has also been much employed:

**R 1814**

Ol. lign. Santal.,      gtt. v.  
Da in caps. gelatinos.  
Dent. tal. dos. No. 2.  
S. 1 capsule, morning and evening. The dose is to be increased daily, until 10 drops per dose is reached.

Recently, the following has been recommended:

**R 1815**

Extr. Kawæ. depurat.,      gr. iij.  
Sacch. alb.,      ʒj.  
M. f pulv. div. in dos. æqu. No. 10.  
S. 1 powder, 3 times, daily.

The following also acts well during this stage:

**R 1816**

Aqu. Calcis.,      ʒ iij.  
S. To be mixed with twice the amount of milk and to be drank during the day in 3 portions.

**R 1817**

Kal. chloric.,      gr. xlv.  
Aqu. dest.,      ʒ vj.  
Aqn. Laurocer.,      ʒj.  
S. To be consumed (a tablespoonful at a time) during the day.

Or:

## R 1818

Acid. Benzoic., gr. lxxv.  
 Glycerin. q. s. ut f. pill No. 20.  
 S. 5 to 10 pills, daily.

## R 1819

Natr. Benzoic., gr. lxxv.  
 Aqu. font.,  $\bar{3}$  ix.  
 Syr. cort. Aur.,  $\bar{3}$  v.  
 S. 1 tablespoonful every 2 hrs.

After all symptoms of irritation have disappeared, mineral-waters, such as Bilin, Giesshucbl, Preblau, Karlsbad, etc., are to be prescribed. If the Cystitis becomes chronic, in addition to the employment of the medicaments just mentioned, especially the Balsamica, the bladder is to be washed out at regular intervals, one or two times, daily. It is to be first emptied of its contents with a Nélaton-catheter which must be kept in a 5-per-cent carbo.-glycerin. solution and thoroughly dried and oiled with the following before being used:

R 1820 Acid. Carbolic., gr. viiss. to xv.  
 Ol. Olivar.,  $\bar{3}$  iij.  
 S. Carbolized oil.

If the introduction of the catheter is attended with difficulty, it is advisable to first inject with a small syringe (gonorrhœal), carbolized oil into the Urethra. After the urine has been withdrawn, warm water or a very weak ( $1/6$  to  $1/4$ -per-cent) carbolic-acid solution is to be injected into the bladder and allowed to flow out, until the injected fluid returns clear. Then one of the following medicaments is to be injected in a lukewarm state. At first one, later  $1\frac{1}{2}$  to 2 syringefuls are injected after which the catheter is withdrawn and the patient instructed after the lapse of from 20 to 30 minutes to discharge the injected solutions by urinating. The following solutions are to be employed for these injections:

## R 1821

Kal. hyperman., gr. viiss. to xv.  
 Aqu. dest.,  $\bar{3}$  xv.  
 S. For injections.

## R 1822

Acid. Boracic.,  $\bar{3}$  iiss. to vj.  
 Aqu. dest.,  $\bar{3}$  xv.  
 S. For injections.

## R 1823

Acid. salicylic., gr. xv. to xxx.  
 Aqu. dest.,  $\bar{3}$  xv.  
 S. For injections.

℞ 1824 Resorcin. bis resublimat.,      ℥j. to iss.  
 Aqu. dest.,                              ℥ xv.  
 S. For injections.

℞ 1825  
 Zinc. Sulph., gr. xv. to xxxv.  
 Aqu. dest.,      ℥ xv.  
 S. Externally.

℞ 1827  
 Alum. crud., gr. xv. to xxx.  
 Aqu. dest.,      ℥ xv.  
 S. For injections.

℞ 1826  
 Natr. Sulph., gr. lxxv. to ℥vj.  
 Aqu. dest.,      ℥ xv.  
 S. For injections.

℞ 1828  
 Argent. nitric., gr. iv.  
 Aqu. dest.,      ℥ xvj.  
 Da in vitr. nigr.  
 S Externally.

In the stubborn cases of Cystitis, an examination should always be made for a stricture of the Urethra or Lithiasis. The significance of an anæmia or cachexia is to be constantly borne in mind. A strengthening diet is to be prescribed and, when practicable, a stay in the country, etc. advised.

**Gonorrhœa In Women.** During the acute stage, rest is to be prescribed and care taken to secure a regular stool. Cool sitz-baths are to be taken and cold compresses applied over the outer genitalia. When the introduction of an instrument becomes possible, the Heitzmann-Leiter vaginal sound, which is analagous in construction to the Arzberger apparatus (see Prostatitis), is to be employed—cold water is to be used in the same. Sterilized cotton or gauze is to be placed between the Labia and also the Genito-Crural folds. In Sub-acute or Chronic Gonorrhœa, in addition to the employment of the necessary sanitary precaution for the prevention of its spread, especially absolute restriction from coitus, and the treatment of a concomitant anæmia, local irrigations with astringents are to be given with an irrigating apparatus provided with a vaginal nozzle. These irrigations are best administered while the patient is seated over a vessel or the little stand and basin now used for that purpose. The following solutions are to be used:

℞ 1829 Alum. crud.,                              ℥ iij.  
 S. 2 or 3 tablespoonfuls are to be added to a  
 quart of warm water.

℞ 1830 Zinc. Sulphuric.,  $\bar{3}$  iij.  
 S. 1 or 2 teaspoonfuls are to be added to a  
 quart of warm water.

These irrigations are administered 2 or 3 times, daily, after which, a cotton tampon to which a string is attached is introduced into the Vagina. When the affection is chronic, the tampons may be covered with powdered Alum, Tannin, or Iodoform. In the very persistent cases, the Vagina is to be thoroughly swabbed with a 1:1000 Corrosive-Sublimatē solution, after which a dry tampon is to be inserted or the whole Vagina is to be painted with Tinct. of Iodine (to be repeated every third or fourth day). A complicating cervical catarrh and erosions upon the Cervix are to be treated as may be indicated (see chapter upon Gynecology). The application of the Tinct. of Iodine, in the most cases, will prove the best form of treatment.

Blenorrhœa Urethræ, occurring in women, is treated in the same way as in men. In the commencement of the affection, sanitary precautions are to be taken. Later, Balsam of Copaiva is to be prescribed after which weak solutions of Zinc. Sulpho-carbolicum or Sulphuricum are to be injected. In chronic cases, urethral suppositories (see ℞ 1791 to 1795) may also be employed.

**Balanitis Posthitis.** The causative Gonorrhœa, Chancre, etc. is to be treated. The Glans and the inner Præputial fold are to be carefully and thoroughly cleansed with a piece of absorbent cotton dipped into a  $\frac{1}{2}$  to 1-per-cent solution of Carbolic Acid or some other weak antiseptic. The parts are then to be dusted with starch or the following:

℞ 1831 Acid. Salicylic., gr. v.  
 Talc. Venet.,  $\bar{3}$  j.  
 S. Powder to be used for dusting.

Iodoform, etc. are to be dusted upon the erosions resulting from a Balanitis and over this absorbent cotton, saturated and wrung out in a 2-per-cent carbolic-acid solution is to be placed, after which the foreskin is to be drawn over the whole. For



dressing applied. If the Prepuce is very long, an amputation may also be advisable. The foreskin is drawn forward as far as possible while the Penis itself is held back by an assistant. With a large Scalpel, the Prepuce is amputated by a single cut after which the further procedures are to be the same as in an ordinary circumcision. After the operation, painful erections may be relieved or prevented through the administration of the Bromide of Potassium and the Lupulin powder, previously mentioned (see R 1751).

In a Phimosis resulting from Syphilis, the first indication is a general syphilitic treatment. If the desired object is not attained in this way or, if the Phimosis still remains by reason of resulting cicatrization, an operation must be performed.

In Phimosis resulting from Condylomata Acuminata, an operative procedure is always in order; likewise in the Congenital Phimosis.

**Condylomata Acuminata. Venereal Warts.** Larger condylomata are to be removed with the scissors or sharp spoon or destroyed with the thermo-cautery.

If the proliferations are small, cauterization with Nitrate of Silver, Acid Nitricum, Acid. Lacticum, or the Chloride of Iron will suffice.

Flatened Condylomata are to be painted once or twice, daily, with the Tincture of Iodine, or the following:

℞ 1835	Pulv. frond. Sabin.,	3 ij.
	Ferr. Sulphuric.,	
	Alum. ust.,	āā 3 iv.

S. The affected areas are to be dusted with the same and by means of an applicator, the powder is to be thoroughly rubbed into the tissues.

Likewise:

℞ 1836	Pulv. frond. Sabin.,	
	Alum. ust.,	āā 3 iiss.
	Cupr. Sulph.,	gr. xv.
	S. Like the preceding.	





R 1841	Cupr. Sulphuric,	3j.
	Aqu. dest.,	3 iij.

S. Absorbent cotton is to be saturated with the same, applied upon the granulations and changed every 2 hours until a blue eschar is formed.

The employment of the Nitrate of Silver in the form of solutions or the stick is not advisable when the ulcers are not clean or covered with a discharge or crusts. Only in case of unhealthy granulation is its employment permissible.

When the Chancroid is complicated with a Phimosis, the latter is to be treated (see Phimosis).

When the ulcer has changed into a healthy granulating surface, ointments may be highly recommended:

℞ 1842		℞ 1843	
Merc. præcip. rubr.,	gr. iij.	Argent. nitric.,	gr. ivss.
Ungu. simpl.,	3 v.	Vaselin.,	3 v.
S. Ointment.		S. Ointment.	

In phagedenic or gangrenous ulcerations, due regard must be paid to the general nutrition of the patient (it may be advisable to prescribe tonics). Iodoform is to be employed locally or a thick coating of Gypsum and Tar is to be spread over the area involved, after which absorbent cotton and a bandage is to be applied. The dressing must be changed two or three times a day, the Tar and Gypsum being entirely removed with a solution of Carbolic Acid each time before a fresh coating is applied :

R 1844	Bitum. Fagi,	3 ij.
	Calcar. Sulfuric.,	3 x.
	S. Gypsum and Tar. (Gypstheer).	

If the Tar and Gypsum does not cause a rapid arrest of the process, the ulcerating regions are to be thoroughly cauterized with the thermo-cautery or a permanent water-bed is to be resorted to (i. e. continuous bath).

**Adenitis Inguinalis. Bubo. Inflammation of the Inguinal Glands.** Rest in bed is indicated whenever the Inguinal glands are acutely inflamed. As long as fluctuation is not apparent, compresses saturated in Lead-water or in diluted Burow's solution (R 1260) are to be applied. These in turn are to be covered with ice-compresses which are to be frequently changed.

℞ 1845    Aqu. vegeto-min. Goulard.,                    3 iij.  
               Aqu. dest.,                                        3 xiiss.  
               S. For saturating compresses (see also R 1833).

In the commencement of the affection the application of Tinct. of Iodin. (with a brush) is frequently followed with excellent results:

℞ 1846    Tinct. Iodin.,  
               Tinct. Gallar.,                                    āā    3 ij.  
               S. To be applied with a brush.

Iodine Ointment (see R 1799) may also be used. Small cushions filled with shot or lead discs placed upon the swollen glands likewise frequently promote absorption.

When fluctuation can be detected or when a rupture is threatened, an incision of the proper depth and length is to be made paralell to Poupart's ligament, the pus withdrawn and an Iodoform dressing applied.

In Strumous Bubos, the diseased glands are to be shelled out with the finger (previously thoroughly disinfected) or their pedicle is to be ligated and the glands removed with the scissors. Small particles of glandular tissue are to be removed with a Volkmann spoon. An Iodoform dressing is to be applied and is not to be changed for four or five days unless fever or severe pains indicate the necessity for an examination of the wound. Indolent or unhealthy granulations are to be stimulated by cauterization with the Nitrate-of-Silver stick or concentrated solutions of the same.

℞ 1847    Argent. nitric.,                                        gr. xv. to lxxv.  
               Aqu. dest.,                                        3 iiss.  
               Da in vitr. nigr.  
               S. To be applied by the physician.

In other cases, in which the granulations are spongy and characterized by their pallor, Camphor-Mucilage is to be employed. A piece of gauze is to be dipped into the same, then applied and covered with absorbent cotton and a bandage:

℞ 1848 Camphor. trit., 3 ss.  
Gumm. Tragacanth.,  
Mucilag. Gumm. Arabic., āā 5 iiss.  
Aqu. dest., 3 6¼  
S. Camphor-Mucilage.

When there are fistulæ, Iodoform bacilli are to be inserted into the same:

℞ 1849 Iodoform., 3 ss.  
Gumm. Tragacanth.,  
Amyl.,  
Glycerin., āā q. s. ut f, bacill. No. 10.  
S. Iodoform Bacilli.

If, after the employment of these bacilli, the fistulæ do not readily heal the latter are to be laid bare and thoroughly curetted by introducing a grooved director and cutting through the superincumbent tissues with a bistoury.

If the wound is covered with detritus either of a gangrenous, phagedenic, or serpiginous nature, Gypsum Tar (see R 1844) is to be spread, daily, in a thick layer over the area involved. This is often followed by rapid cleansing of the ulcerative process. If this procedure, however, is not followed with good results, the thermo-cautery must be employed.

## C. SYPHILIS.

**Ulcus Durum. Sclerosis. Hard Chancre.** As a prophylactic procedure, suspicious looking excoriation are to be destroyed with the thermo-cautery within the first three days after coitus. When the hardness of the Chancre has been definitely determined, the treatment is to be strictly local.

Excision of the Chancre does not prevent the development of the constitutional symptoms, for which reason in the most cases the treatment is to be simply local and similar to that employed in the treatment of Soft Chancre (which see). Iodoform may be highly recommended either in the form of a powder, Iodoform gauze, or the Iodoform-Ether spray (see R 1840), as well as in the following form:

R 1850 Iodoform. pulv., gr. xxx.  
 Ether. Sulph.,  
 Ol. Olivar., āā 3 iiss.  
 S. Cotton is to be saturated in the same and placed upon the Chancre.

When there is diffuse disintegration of the tissues, instead of Iodoform, the following is to be applied from time to time:

R 1851 Iod. pur., gr. iss.  
 Kal. iodat., gr. xv.  
 Aqu. dest., 3 iss.  
 S. Dressing-solution.

When the edges of the Chancre and the Chancre itself have become clean, mercurial preparations are to be employed locally, if it is desired to cause the Chancre to become softened and covered with skin.

R 1852 Merc. sublim. corros., gr. iss.  
 Aqu. dest., 3j.  
 S. Dressing-solution.

Better:

- R 1853 Emplastr. Hydrarg. ciner.,  
 Emplastr. Diachyl. simpl. liquef., āā 3 ij.  
 Ol. Olivar., q. s. ut f. emplastr. moll.  
 S. To be spread upon a piece of linen in a layer  
 three lines thick and then applied over the  
 Chancre. Likewise:

- |  |  |
|--|--|
| R 1854<br>Emplastr. Hydrarg. ciner.,<br>Emplastr. saponat., āā 3 ij.<br>S. Like the preceding. | R 1855<br>Merc. præcip. rubr., gr. iss.<br>Vaselín., 5 v.<br>S. Salve. |
|--|--|

If the Chancre is covered by skin and is very much indurated, the integument must be first cauterized in order that the preparations of Mercury may act more readily. For the purpose of producing this cauterization of the tissue, the following is employed:

- R 1856 Merc. sublim. corros., 3 ss.  
 Spir. vin., 3 v.  
 S. To be applied upon the Chancre.

In a Phimosis, resulting from a Chancre, an operative procedure is indicated. If consent for its performance can not be obtained, in addition to frequent and thorough washing out of the preputial sack with injections of antiseptic solutions, an early constitutional anti-syphilitic treatment (inunctions) is to be prescribed.

The bodily nutrition of the patient is to be improved as much as possible by regulating the mode of life, etc., in order that the anticipated Secondary Syphilis may be undergone with the least discomfort. Eczemas or other cutaneous affections and disorders of the teeth and mouth are to be properly treated during this interval (i. e. the stage before the development of the Secondaries). A constitutional treatment, during the first stage of the affection usually, does no more than to postpone the Secondaries; it does not prevent the developement of the Syphilis. Treatment, during the primary stage, however, is indicated when there is Phimosis and the consent for an operation is not obtained (see above); when the Sclerosis is upon the face or within the Urethra; as well as when the disease occurs during pregnancy.

**Secondary and Tertiary Syphilis. (a) Constitutional Treatment.** In every case of Secondary and Tertiary Syphilis, a constitutional treatment is in order. In general, it is to conform to the following rules: In the most cases of Secondary Syphilis, especially at the time of the first eruption, inunctions are to be prescribed. This form of treatment is contra-indicated only in individuals (for the most part blondes) whose skin is so delicate as to be attacked with Eczema while taking the inunctions. In those cases in which the treatment with inunctions can not be undergone on account of this circumstance or in which concealment, etc., is desired, Mercury is to be administered in the form of injections or is to be given internally. For the mild relapses, occurring during the Secondary Stage of the disease, Mercury or the Iodides are to be prescribed. In the severe forms of Secondary Syphilis, especially in those cases accompanied with Iritis, inunctions are to be invariably taken. In the mild forms of Tertiary Syphilis, the Iodides are to be prescribed; in the severe forms, inunctions and injections.

When there are diffuse ulcerations and numerous disintegrating cutaneous gummata, sublimate-baths exert a most favorable influence upon the disease. In Tertiary affections of the Periosteum (*Dolores Osteocopi*) of the joints, muscles or sheaths of the tendons, the Iodides are to be prescribed—best in the form of injections of Iodoform. In severe Tertiary Syphilis, occurring in cachectic individuals, vegetable beverages, especially Decoct. Zittman or other Roborantia, are to be first given for the purpose of strengthening the patients; after which the inunctions are to be prescribed. In Tertiary Syphilis of the eyes and the internal organs, inunctions, combined with the internal administration of the Iodides, are to be prescribed.

During the Latent-Period, when no manifest symptoms of Syphilis exist, it is advisable, in almost every circumstance, especially during the first two years of the infection, to undergo a mild treatment for four weeks at a time at intervals of from two to four months. During this treatment, the Iodides and Mercurials are to be prescribed internally. The various methods of treatment are carried out in the following manner:

**1. Treatment with Inunctions.** Before the treatment is commenced, one or two baths are to be taken in which the skin of the patient is to be thoroughly lathered with soap and washed. Due attention is also to be paid to the care of the mouth (see Care of the Mouth, in this chapter).

The Mercury for the inunction is usually prescribed for as follows:

℞ 1857 Unguent. ciner. (Blue Ointment), gr. xlv. to lxxv.  
Dent. tal. dos. No. 10.  
Da in chart. cerat.  
S. 1 package is to be used, daily.

In mild cases, especially in Secondary Syphilis, 45 grains of the ointment per dose usually suffices; in Tertiary Syphilis, especially when there are grave symptoms involving the brain or eye, 75 grains per dose and even more are to be used.

In place of the Blue Ointment (Ungu. Ciner.), the following has recently been much employed:

℞ 1858 Hydrargyr. oleinic., 3 ss.  
Dent. tal. dos. No. 10.  
S. 1 package to be used, daily.

The inunctions are to be given in a regular cyclus:

- 1st day, both calves are to be annointed.
- 2d day, the inner and outer surfaces of the thigh and the skin surrounding the Inguinal Regions.
- 3d day, the sides of the chest and the abdomen (the Spina Ant. Sup. and the Crest of the Illeum as well as the nipples are to be avoided).
- 4th day, the flexor surfaces of the arm, with the exception of the folds of the elbow.
- 5th day, that portion of the back lying beneath the Angle of the Scapula.

The hairy regions of the body are to be avoided or, if the body is densely covered with hair, the skin is to be shaven before an inunction is given.

6th day, a bath is to be given for the purpose of thoroughly cleansing the skin.

7th day, the cyclus is again commenced by anointing the calves.

**Technique** employed in giving the inunctions: The ointment is to be rubbed into the tissues either by the patient (with the exception of the back which must be anointed by some one else) or by a thoroughly trained attendant. A quantity of salve, about the size of a pea, is placed upon the part to be anointed. This is rubbed into the tissues with the ball of the thumb (if there are fissures or bruises upon the hand these must be first protected with a glacé-glove), by making long circular movements without exerting much pressure until the skin becomes entirely dry. Then the same quantity of ointment is to be applied upon the corresponding side of the body and likewise rubbed into the tissues. This procedure is repeated until the contents of the package has been used. The indications that an inunction has been properly administered is the partial retention of the gray color of the anointed skin after a piece of cloth has been rubbed over the surface, and especially an ability to see gray points within the follicles of the skin. The time consumed in giving an inunction should be from 20 minutes to 1/2 hour. The most suitable time for administering inunctions is during the forenoon; at any event, not immediately before retiring, inasmuch, as the proper absorption of the Mercury is interfered with by perspiring in bed. The number of inunctions to be given varies; the minimum (when the continuation of the treatment is not interfered with by the development of Stomatitis, Eczema, or similar disorders) is 30; and the average is from 35 to 40. As a rule, the treatment with inunctions is to be continued, not only until the disappearance of all of the symptoms of the disease, but until about 1/3 more of the whole number of inunctions required to cause the disappearance of all symptoms have been taken.

**Hygienic observations** during the treatment with inunctions. If the weather is favorable, the patient is to keep out of doors as much as possible; when unfavorable, he is to remain in doors. For the first few hours after the administration of



the inunctions, the patient is to keep to his room. The clothes and bedding must not be too warm; severe bodily exercise and mental taxation is to be avoided. The food is to be nutritious but non-irritating. Alcoholics are permissible, only in the smallest quantity. Smoking is to be reduced to a minimum.

It is very important, during the employment of Mercury in any form, to take the greatest care of the mouth, inasmuch, as the neglect of this golden rule may lead to a severe Gingivitis and Stomatitis accompanied with or followed by a loss of the teeth, Periostitis, and suppuration of the Cervical glands. A slight reddening and swelling of the glands is unavoidable when Mercury is used for a longer interval.

The care taken of the mouth during a Mercurial treatment is to be as follows: Before the commencement of the treatment, if a Stomatitis is present, it is to be relieved; sharp projecting edges of the teeth are to be ground away, roots of broken teeth removed, and carious teeth filled or extracted.

The following details of the procedures are observed, during the course of treatment, at the clinic of Prof. Neumann. While the inunctions are being taken, the patient rinses his mouth continually, with the following:

℞ 1859	Acid Carbolic.,	gr. xlv.
	Aqu. dest.,	℥ vj.
	S. Mouth-wash.	

In addition, he thoroughly rinses his mouth, two or three times during the day, and thereafter swabs his gums with Pix Liquida. The later is removed with a piece of absorbent cotton or charpie, after which the teeth are vigorously rubbed with a stiff brush, the mouth thoroughly rinsed with a solution of Carbolic Acid (see above), and the teeth brushed for a second time with the following:

℞ 1860	Pulv. carbon. Til. præp.,	℥ ij.
	S. Tooth-powder.	

For private practice, the following procedure is more suitable: The patient, if he is at home, rinses his mouth, the Buccal Cavity, and Pharynx every hour during the day with one of the following mouth-washes:

Rx 1861

Kal. chloric.,	3j.
Aqu. dest.,	℥ xvj.
S. Gargle.	

R 1862

Alum. crud., gr. lxxv. to 3 iiss.  
 Aqu. dest., 3 xvj.  
 S. Gargle.

Rx 1863

Acid salicylic,	℥ ij.
Spir. vin. q. s. ad sol.,	
Aqu. dest.,	℥ xvj.
S. Gargle.	

Rx 1864

Acid. Thymic.,	gr. viij.
Aqu. font.,	ʒ xvj.
S. Mouth-wash.	

Rx 1865

Creosot., ʒ iiss.  
 Aqu. dest.,  
 Spir. vin., āā ʒ iij.  
 S. 1 teaspoonful to a glass of water; to be used  
 as a gargle.

After every meal (that is, at least 3 times, daily), the patient is to thoroughly brush the back and front of his teeth and also his gums. The tooth-powder, just mentioned (R 1860), or the Pulvis Dentifric. Niger of the Austrian Pharmacopœia is to be used:

R<sub>x</sub> 1866

Pulv. carbon Lign. dep.,  
Pulv. fol. Salv.,           āā   3 v.  
M. f. pulv. subtilissim.  
S. Tooth-powder.

Or:

Rx 1867

Pulv. dentifr. alb.,	℥ ij.
S. Tooth-powder.	

Or a tooth-powder similar to the following:

Rx 1868

Oss. Sep. præp..	3 j.
Pulv. rad. Ir. flor.,	3 j.
M. f. pulv. subtilissim.	
S. Tooth-powder.	

Or any other good dentifrice.

After the teeth have been brushed, the entire gums, both anteriorly and posteriorly, are to be painted with a camel-hair brush, or with a charpie wound about a pencil, with one of the following astringent preparations:

## R 1869

Tinct. Ratanh.,  
 Tinct. Gallar.,      āā    3 v.  
 S. Tincture for the gums  
 (Zahnfleischinctur).

## R 1870

Tinct. Spilanth. elerac.,  
 Tinct. Opii. simpl.,    āā    3 ij.  
 Aqu. dest.,                    3 ss.  
 S. To be applied with a brush.

## R 1871

Tinct. Tormentill.,  
 Tinct. Gallar.,                    āā    3 ss.  
 (Tinct. Myrrh.,                    3 ij.)  
 S. Tincture for the gums,

If a Stomatitis Mercurialis has resulted from the neglect of the employment of the precautions, just mentioned, these measures are to be at once instituted and the minutest details strictly adhered to. The gums are to be frequently painted with one of the foregoing tinctures, or if deemed advisable even the Tinct. of Iodine is to be applied. Ulcerations are to be cauterized with the Nitrate-of-Silver (stick). In extreme cases of Mercurialism, the mercurial treatment is to be interrupted and, if no other alternative remains, the Iodides are to be administered, internally, in their place.

**2. Mercurial Injections.** Locality to be selected for the injection: For the most part, the injections are to be given in the Gluteal Region. More rarely, in certain areas upon the thorax and back. It is best to mark the localities upon the chest, for the sake of remembrance, by drawing four lines upon each side of the body. An anterior and posterior Axillary line, and a Mamillary and Scapular line. In each of these lines, four points about an inch apart may be selected for the different injections. As a rule, it is advisable to follow an injection upon the right side with one upon the left. This also holds good for the Gluteal Region, in which the injections are to be given at as many different points as possible.

**Technique** employed in giving the Injections. With a hypodermic syringe provided with a sharp-pointed and well-ground needle, the solution is injected in the Gluteal Region by simply sticking the needle perpendicularly into the muscular tissue. Upon the chest and back, a fold of integument is raised

with the fingers, whereupon the needle is thrust into the base of the same in such a way that the solution gains an entrance into the subcutaneous cellular tissue. After an injection has been given, the injected region is to be thoroughly massaged. The hypodermic syringe must be thoroughly disinfected, each time before and after being used, by syringing through and washing the same with an antiseptic solution. When injections are given in the Gluteal Region, care must be taken that the same are not too close to the Tuber Ischia, so that, in the event of abscess formation, the infiltrations as they form, may not interfere with the patient seating himself. As regards the requisite number of injections, see table in this chapter. It is essential, when giving these injections, that the same care be taken of the mouth as when inunctions are employed. If severe pains develop, after the injection in the region in which the injections were made, cold compresses are to be applied.

The soluble preparations most employed for injections are the following:

℞ 1872 Merc. sublim. corros., gr. iss.  
 Aqu. dest., 3 iiss.  
 S. 15 minims, daily, (1 hypodermic-syringeful)  
 are to be injected.

The following is better, on account of causing less pain:

R 1873	Merc. sublim. corros.,	gr. iss.
	Natr. chlorat.,	gr. viiiss.
	Aqu. dest.,	3 iiss.
	(Morph. muriat.,	gr. $\frac{3}{4}$ .)
	S. Like the preceding.	

The two following preparations, recommended by von Bamberger, are well borne; but as they do not keep well, it is necessary to prepare them fresh, every second day:

### The Mercurial Albuminate:

℞ 1874 Album. ovor., 100 grams.  
Sol. Merc. sublim. corr., 5%, 60 grams.  
Sol. Natr. chlor., 20%, 60 grams.  
Aqu. dest., 80 grams.  
S. 1 hypodermic-syringeful (℥ 15) is to be injected,  
daily.

This is equal to .01 gram or 3/20 grains of Corrosive Sublimate.

The Mercurial Peptonate:

℞ 1875 Pepton., 1 grams.  
Solve in Aqu. dest., 50 grams.  
Filtrā, adde:  
Sol. Merc. sublim. corros., 5%, 20 grams.  
Sol. Natr. chlorat., 20%, 15 grams.  
Aqu. dest. q. s. ad, 100 grams.  
S. Like the preceding.

Excellent results are obtained from the preparation of Paal (Erlangen), which is to be had from Kalle & Co., Biebrich-on-the-Rhine:

℞ 1876 Hydrarg. peptonat. Paal., 5 iij.  
S. Like the preceding.

The preparation, introduced by Liebreich, is also much employed:

℞ 1877 Hydr. formamidat., gr. iss.  
Aqu. dest., 5 iiss.  
S. 1 hypodermic-syringeful (15 mins.) is to be injected, daily.

The Cyanide of Mercury causes but little local reaction, but readily gives rise to disorders of the alimentary canal, and for that reason, and on account of the amount of Cyanogen it contains, must not be used for a longer time:

℞ 1878 -  
Hydrargyr. bicyanat., gr. iss.  
Glycerin., 3 ss.  
Aqu. dest., 3 ivss.  
S. Like the preceding (i. e. 15 mins. subcutaneously, daily). Or:

The Urate of Mercury:

℞ 1879  
Merc. sublim. corr., .2 grams.  
Aqu. dest. fervid., 10 grams.  
Filtrā et adde:  
Ureæ bis recrystallisat., .05 grams.  
S. Like the preceding.

Occasionally, the following is also employed:

℞ 1880 Hydrargyr. biiodat.,  
 Kal. iodat., āā gr. iij.  
 Nat. phosphoric. tribasic., gr. vj.  
 Aqu. dest., ʒ xiiss.  
 S. For injections.

Recently, the Asparagin-quecksilber (prepared by Hell in Troppau, Austria), which contains 1 per cent of Mercury, has been much used:

℞ 1881 Hydrargyr. asparagin., ʒ iiss.  
 S. 1 hypodermic-syringeful (15 mins.) is to be injected, daily.

The latest preparation employed, and followed with most excellent results, is the following:

℞ 1882 Hydrarg. soziodol., .8 grams.  
 Kali iodat., 1.6 grams.  
 Aqu. dest., 10 grams.  
 S. 1 injection (hypodermic-syringeful) is to be given every 5th day.

(b) As regards the insoluble solutions which are frequently injected, it is to be borne in mind that the solutions must be thoroughly mixed by shaking, before being injected; and that the needle of the syringe must be stronger than that used when soluble preparations are employed. The injections are to be given in the Gluteal or Abdominal Region. Abscesses are wont to follow more readily than when the soluble preparations are employed, and for this reason the greatest antiseptic precautions are to be taken. The injections are given at intervals of from five to eight days. As regards the number of injections which will be required, see table on next page.

The following act admirably, but occasion pain:

℞ 1883  
 Calomel. vap. parat., gr. xv.  
 Glycerin., ʒ iij.  
 S. 1 injection every 8 days.

℞ 1884  
 Calomel. vap. parat., gr. xv.  
 Paraffini liqu. sterilis.  
 (or Ol. Oliv.), ʒ iiss.  
 S. Like the preceding.

Or:		℞ 1886
℞ 1885		Hydrarg. oxydat. flav., gr. vj.
Calomel. vap. parat., gr xv.		Ol. Amygdal. dulc., 3 iij.
Ol. Vasclin. alb., 3 iiss.		S. 1 hypodermic-syringeful
S. Like the preceding.		(i. e. 15 mins.) is to be in-
The following is likewise		jected every 5th day.
insoluble:		

Recently, the following have been used with excellent results:

℞ 1887	Hydrargyr. Salicylic.,	gr. xv.
	Paraffin. liquid.,	3 iiss.
	S. 1 hypodermic-syringeful is to be injected every	
	5th day.	

[This preparation is used almost exclusively by Prof. Finger in his Ambulatorium.—Metzerott.]

℞ 1888	Hydrargyr. Thymolic. (Thymolo-acet.),	gr. xv.
	Paraffin. liquid.,	3 iiss.
	S. Like the preceding.	

#### COMPARATIVE ACTION OF INUNCTIONS OF SOLUABLE AND INSOLUBLE MERCURIAL PREPARATIONS AND MERCURIAL SOZOIODOL:

To Cause the Disappearance of	Inunctions	Injections	
		Insoluable and Soziodol	Soluble
Maculous Exanthema	20 to 25	5 or 6	20 to 25
Papulous Exanthema	30 to 35	6, 8 or 10	30 to 35

**3. Internal Administration of Mercury.** As a whole, this form of medication is employed but little (see Indications). When the digestive organs are weak, this method of medication is contra-indicated.

The best time for taking the Mercury is after meals. The same attention is to be paid to the care of the mouth as when inunctions are given.

℞ 1889 Calomel. lævig, gr. viiss.  
 Opii pur., gr. iss.  
 Sacch. alb., ʒ ij.  
 M. f. pulv. div. in dos. æqu. No. 12.  
 S. 3 powders, daily.

Corrosive Sublimate acts more rapidly than Calomel, but is more drastic:

℞ 1890	℞ 1891
Merc. sublim. corros., gr. iss.	Merc. sublim. corros., gr. iss.
Aqu. dest., $\bar{z}$ 6 $\frac{1}{4}$ .	Natr. chloral., ℥ ij.
S. 2 or 3 teaspoonfuls, daily.	Aqu. dest., $\bar{z}$ 6 $\frac{1}{4}$ .
	S. 1 tablespoonful, morning and evening.

Frequently, the *Liquor. Mercurialis* (*Spiritus Anti-venereus*), as recommended by Van Swieten, is employed:

℞ 1892 Merc. sublim. corros., gr. iss.  
Spir. vin., ʒ xxv.  
S. 1 teaspoonful in a glass of wine or claret, morn-  
ing and evening.

A similar preparation is the following:

℞ 1893 Merc. sublim. corror., gr. iss.  
Rhum. optim., 3 xxv  
S. 1 teaspoonful in a cup of Russian Tea (tea with  
rum), morning and evening.

Also, in pill-form:

R 1894 Merc. sublim. corros., .1 grams.  
 Extr. Opii (aquos), .07 grams.  
 Pulv. et extr. Acor., āā q. s. ut f. pill. No. 20.  
 S. 2 pills, daily; the dose is to be gradually  
 increased to 5 pills per day.

The compound of Mercury the most frequently administered, internally, is the Protoioduretum Hydrargyri:



- ℞ 1895 Hydrargyr. Iodat., gr. vj.  
 Opii pur., gr. ivss.  
 Pulv. et extr. Acor., āā q. s. ut f. pill. No. 20.  
 S. 1 or 2 pills, morning and evening.

Also, in the form of Ricord's pills:

- ℞ 1896 Hydrargyr. Iodat.,  
 Lactucar. Gallic., āā gr. xlv.  
 Extr. Opii (aquos), gr. xv.  
 Extr. Conii, ʒ iss.  
 M. f. pill. No. 60.  
 S. Evenings, 1 pill.

For children:

- ℞ 1897 Protoiod. Hydrarg., gr. j.  
 Pulv. gum.,  
 Sacch. alb., āā ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 12.  
 S. 1 powder 2 or 3 times a day.

Less frequently prescribed is the Bin-iodide of Mercury:

- ℞ 1898 Hydrargyr. biiodat., gr. iss.  
 (Extr. Opii aquos), gr. iv.  
 Extr. Quass. q. s. ut f. pill. No. 20.  
 S. 1 or 2 pills, 2 times, daily.

The Hydrargyrum Tannicum, recommended by Lustgarten, has been much employed of late and for the most part is well borne:

- ℞ 1899 Hydrarg. Tannic. oxydul.,  
 Sacch. alb., āā gr. xlv.  
 M. f. pulv. div. in dos. æqu. No. 30.  
 S. 1 powder, 3 times, daily.

The same may be prescribed in the form of pills:

- ℞ 1900 Hydrarg. Tannic. oxydul., ʒ j.  
 Laudani pur., gr. 2¼  
 Pulv. et. Extr. Acori qu. s. ut f. pill. No. 100.  
 S. 1 pill 4 times a day.

Recently, the following has been given with excellent results:

**R 1901**

Hydrargyr. Salicylic., gr. 5½  
Pulv. et extr. Quass. q. s. ut  
f. pill. No 25.  
S. About 3 pills, 2 times,  
daily.

**R 1902**

Hydrarg. thymolo-acet., gr. xv.  
Extr. Opii, gr. vj.  
Pulv. et extr. Liquir. q. s. ut  
f. pill. No. 30.  
S. 1 pill 3 times a day.

A compound, suitable for internal use by reason of the iron which it contains, is the following, recommended by R. Kobert:

**R 1903** Hæmol. hydrargyro-iodat., 3 iiss.  
Pulv. et Extract. Liquirit. aa quant. sat. ut f. pilul.  
No. 50.  
S. About 2 pills, 3 times, daily.

**4. Corrosive-Sublimate Baths.** The Corrosive Sublimate is prescribed for in solution. This is first thoroughly stirred in a vessel of hot water and then added to the bath. The tub should be either of porcelain or wood, inasmuch as the Corrosive Sublimate attacks metal. The temperature should be from 95 to 97° F. and the patient should remain in the same from one-half to 2 hours. After the bath, he should remain an additional hour in bed. The baths are to be given, daily. Proper attention must also be paid to the care of the mouth during this form of treatment.

The Corrosive Sublimate is prescribed as follows:

**R 1904** Mercur. sublim. corrosiv., 3 iiss. to viiss.  
Aqu. font., 3 xij.  
S. To be added to a bath.

When there are localized ulcerative processes, only hand- or foot-baths are to be taken; for these the following is prescribed:

**R 1905** Merc. sublim. corrosiv., gr. lxxv. to 3 iiss.  
Aqu. font., 3 vj.  
S. To be added to a bath.

**5. Treatment With the Iodides.** When medicaments are employed, containing Iodine in its various forms, it must be remembered that these readily produce certain pathological conditions—the so-called Iodism—consisting of Acne, Conjunctivitis (frequently associated with severe Œdema of the lids), Coryza, and more rarely Laryngitis and Bronchitis. These symptoms, on account of their severity, require, at times, an entire suspension of the treatment with the Iodides; but they frequently disappear of their own accord even when the treatment is continued. Some preparations of Iodine frequently cause severe gastric symptoms and for that reason must be discontinued and changed for other combinations of Iodine that are less prone to attack the digestive system. The preparation of Iodine that is employed the most, is the Iodide of Potassium. This is usually prescribed in the mild forms of Secondary Syphilis or during the Latent Stage in quantities ranging from 15 to 30 gr. pro die; in Tertiary Syphilis in doses from dr.  $\frac{1}{2}$  to dr. 1 pro die:

**R 1906**

Kal. Iodat., gr. xv, xxx. to  $\mathfrak{z}$  j.

Aqu. dest.,  $\mathfrak{z}$  iiss.

Syr. Moror.,  $\mathfrak{z}$  v.

S. The whole to be taken at night in three doses at intervals of an hour.

**R 1907**

Kal. iodat., gr. lxxv. to  $\mathfrak{z}$  iiss.

Aqu. dest.,  $\mathfrak{z}$   $6\frac{1}{4}$ .

Syr. cort. Aurant.,  $\mathfrak{z}$  v.

S. 1 tablespoonful, 3 times, daily.

**R 1908**

Kal. Iodat., gr. lxxv.

Pulv. et extr. Acor., āā q. s. ut f. pill. No. 50.

Consp. pulv. sem. Lycop.

S. Daily, 5 to 10 pills.

Better than the Iodide of Potassium is the expensive Iodide of Sodium which gives rise less readily to Iodisms. It is prescribed in the same dose and form. The Iodide of Lithium contains more Iodine than either the Iodide of Potassium or Soda but its digestion is difficult and for that reason it must always be given in small doses:

**R 1909**

Lith. iodat., gr. xxij.

Pulv. et extr. Gent. q. s. ut f. pill. No. 50.

S. About 2 pills, 3 times, daily.

Recently, Iod.-rubidium and Iod.-cæsium have been recommended on account of their agreeable taste, but, as yet, their efficiency has not been demonstrated:

Rx 1910   Rubid. iodat.,                      ʒ ij.  
              Aqu. dest.,                          ʒ iiss.  
              S.   1 tablespoonful, 2 times, daily.

Iodoform contains more Iodine than any of the other Iodides but it is not readily absorbed and at times causes digestive disturbances:

R 1911 Iodoform, pur, 5 ss.  
Pulv. et extr. Quass. q. s. ut. f. pill. No. 20.  
S. 1 pill, 3 times, daily.

It is administered more frequently subcutaneously, especially when the internal administration of the Iodides is not well borne. The locality to be selected and technique employed in giving these injections are the same as those of the Mercurial injections (which see).

R 1912  
Iodoform. pur., gr. xv. to xxx.  
Ol. Olivar., 3 v.  
S. 1 hypodermic-syringeful  
(15 min.) is to be injected,  
daily.

R 1913  
Iodoform., gr. xv.  
Ol. Ricin., ʒ iv.  
S. Like the preceding.

R 1914	
Iodoform.,	3 j.
Ether. Sulph.,	3 v.
S. For subcutaneous injection.	

R 1915	
Iodoform. pur.,	5 ss.
Ol. Oliv.,	
Ether. Sulph.,	āā 5 iiss.
S. For injections.	

Sometimes, the cheap, but not well-tolerated, Tincture of Iodine is prescribed:

R 1916	Tinct. Iod.,	3 ss.
	Aqu. dest.,	3 viij.
	Syr. cort. Anr.,	3 ss.
	S. 2 to 4 tablespoonfuls, daily.	

In anæmic individuals, who have become greatly reduced in their bodily nutrition, it is advisable to combine the Iodides with some agent having a tonic action:

℞ 1917 Ol. Morrhuæ., ℥ iss.  
 Iod. pur., gr. j.  
 S. 2 or 3 tablespoonfuls, daily.

Still better is the combination with iron:

<p>℞ 1918</p> <p>Ferr. pulv., <span style="float:right">℥ ss.</span>          Iod. pur., <span style="float:right">℥ j.</span>          Sacch. alb., <span style="float:right">℥ j.</span>          Pulv. rad. Liquir., <span style="float:right">℥ iss.</span>          Aqu. dest., <span style="float:right">℥ ij.</span>          M. f. pill. No. 100.          S. 2 or 3 pills, 3 times, daily.</p>	<p>℞ 1919</p> <p>Ferr. iodat. sacch., <span style="float:right">℥ ss.</span>          Pulv. et extr. Acor., āā q. s.          ut f. pill No. 30.          S. 1 tablespoonful, 3 times,          daily.</p>
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<p>℞ 1920</p> <p>Syr. Ferr. iodat., <span style="float:right">℥ ss.</span>          Syr. Moror., <span style="float:right">℥ ss.</span>          S. To be consumed during          the day.</p>	<p>℞ 1921</p> <p>Syr. Ferr. iodat.,          Syr. simpl., <span style="float:right">āā ℥ ss.</span>          Aqu. dest., <span style="float:right">℥ ij.</span>          S. 1 tablespoonful, 3 times,          daily.</p>
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Instead of the medicaments containing Iodine, mineral-waters, of which Iodine is an ingredient, may be prescribed; especially such waters as those coming from Hall, Darkau in Schlesien, Luhatschowiz in Mahren, Lipik in Slavonia, Kreuznach, etc.

During the Summer, drinking cures at these various springs may be highly recommended.

Sulphur waters internally, and in the form of baths, can not be too highly praised as supportative agents in an anti-syphilitic treatment inasmuch as the stimulus that they exert upon the tissues, is very great.

As an after-treatment to follow an anti-syphilitic form of medication, cold hydropathic procedures or a sojourn at the sea-shore is advisable.

**6. Decoctions.** Of these preparations, the Decoetum Zittmanni of which there are two strengths, the Fortius and Mitius is almost exclusively employed. It is usually administered in the following manner: In the morning, the patient takes upon an empty stomach (in the course of from  $\frac{1}{2}$  to 1 hour, in quantities of not more than a swallow at a time) from 200 to 300 grams (oz. 6 to 9) of the warm Decoetum Zittmanni Fortius. At noon, he drinks in the same way the same quantity of Decoetum Zittmanni Mitius (cold). While the decoction is being taken, the food is to be non-irritating,—especially is the ingestion of acidulous articles, stewed fresh fruit as well as beer, to be forbidden. The magistral formula for Decoet. Zittmanni Fortius is as follows:

℞ 1922	Rad. Sassaparill.,	50	gram.
	Infunde. cum Aqu. fervid.,	3500	"
	Digere per horas 24.		
	Dein additis intra saccul. lint.:		
	Sacch. alb.,		
	Alum. crud.,	āā 3	gram.
	Calomel. lævigat.,	2	"
	Cinnabar. factit.,	.5	"
	Coque ad colatur.,	1000	"
	Sub finem coctionis adde:		
	Semin. Anis. vulgar.,		
	Semin. Fœnicul.,	āā 2	gram.
	Fol. Sennæ.,		
	Rad. Liquirit.,	āā 6	gram.
	Exprime per pannum. Cola.		

The Magistral Formula for Decoet. Zittmanni Mitius is:

℞ 1923	Rad. Sassaparill.,	25	gram.
	Add. specieb. e Dec. fortior. remanentib. coque cum,		
	Aqn. font.,	6000	gram.
	Ad reman.,	1000	"
	Sub. finem cort. adde:		
	Cortic. fruct. Citr.,		
	Sem. Cardamom.,		
	Cort. Cinnamom.,		
	Rad. Liquirit.,	āā 1.5	gram.
	Exprime per pannum. Cola.		

Decoct. Zittmanni may also be combined with the Iodide of Potassium, which is to be added to the Decoct. Zitt. Mit. and not to the Fortius. It is to be prescribed in the following way:

℞ 1924 Decoct. Zittmann. mit., 3 vj.  
 Kal. iodat., 3 ss.  
 S. To be consumed during the day; 1/3 of the amount being taken at a time.

Similar to Decoct. Zittmanni, but less reliable, is the Decoct. Pollini which is much used in Italy:

℞ 1925 Rad Sassaparill.,  
 Rad. Cinchon. nodos., āā 25 gram.  
 Lapid. Pumic.,  
 Stib. Sulphurat. nigr. crud., āā 10 gram.  
 Putam. nuc. Jugland., 75 "  
 Coque cum.,  
 Aqu. font., 1500 gram.  
 Ad col., 500 "  
 S. The whole to be consumed during the day  
 (Decoct. Pollini).

Other decoctions are the following:

<p>℞ 1926                      Rad. Sassaparill.,                      Lign. Guajac.,                      Rad. Cinchon. nodos., āā 25 gm.                      Aqu. font. bullient., 500 "                      Macera per horas 24,                      Dein coque ad colat., 250 gm.                      S. To be taken during the forenoon, in 3 doses.</p>	<p>℞ 1927                      Rad. Sassaparill. opt., 3 xiiss.                      Aqu. font., 3 xvj.                      Macera per horas 24,                      Dein coque ad col., 3 9 3/8                      Adde:                      Aqu. laxitiv. Viennens.,                      Syr. Sassaparill., āā 3 x.                      S. To be consumed during the day.</p>
<p>℞ 1928 Decoct. rad. Bardan. (e 50:500), 3 xv.                      Inf. fol. Senn., (e 10:100), 3 iij.                      Sal. amar., 3 iiss.                      S. To be used in one day.</p>	

The very expensive Roob Laffecteur consists, according to Sigmund, of the following:

℞ 1929 Rad. Sassaparill., 3 iss.  
Herb. Borragin.,  
Rad. Borragin.,  
Flor. Rosar.,  
Fol. Sennæ elect.,  
Sem. Anis. stellat., āā gr. xlv.  
Aqu. commun. q. s. ut f. coqu. et coland. l. a.  
Syrup., 3 xv.  
S. 3 to 6 tablespoonfuls during the day.

(b) **Local Treatment:** This should invariably be combined with a general antisyphilitic treatment. Condyloma, upon the Genitalia and about the Anus, are to be treated for the most part in the same way as the initial lesion (see Ulcus Durum and what follows). Iodoform is to be used to clear away the sloughing tissue and Emplastr. Hydrarg. (see R 1853, 1854) or Blue-ointment by itself is to be employed to cause cicatrization:

R 1930	Calomelan. lævigat.,	3 j.
	Ungu. simpl.,	3 x.
	S. Salve.	

For efflorescent excrescences (broad Condyloma), Labarraque's Dressing will be found very efficacious:

<b>R 1931</b>		<b>R 1932</b>
Chlorin. liquid.,	3 iiss.	Calomelan. lævig., 3 iiss. to vj.
Aqu. dest.,	3 3 $\frac{1}{8}$	Amyl. pur., 3 ij.
S. To be applied with a brush.		S. Dusting-powder.

The Condylomata are to be first painted with the Chlorinated water after which the Calomel is to be dusted thickly over the same. Upon old dense infiltrations, the following is to be applied:

℞ 1933 Merc. sublim. corrosiv., gr. xv.  
Spir. vin., 3 v.  
S. To be applied with a brush.

Or Planck's solution may be used:



℞ 1934 Merc. sublim. corrosiv.,  
 Alumin. crud.,  
 Ceruss.,  
 Camphor. ras.,  
 Spir. vin.,  
 Acet. vin.,

āā 3j.

S. The liquid portion of the solution is poured off  
 and the sediment applied upon the involved area  
 with a brush.

Fissures and abrasures about the Anus, resulting from disintegration of Condylomata, are to be kept scrupulously clean; the depressions are to be carefully filled with absorbent cotton dipped into an antiseptic solution or with Iodoform gauze. Cauterization with Nitrate-of-Silver or Corrosive-Sublimate solutions is to take place, frequently.

In Psoriasis Palmaris and Plantaris, the scales are to be softened by applying moist compresses during the night or by wearing rubber gloves or stockings; or the infiltrated area may be swabbed every day or every other day with the following:

℞ 1935 Merc. sublim. corrosiv., gr. iij.  
 Collod. elastic., 3 v.  
 S. Sublimate-Collodium.

When the scales have been shed, Emplastr. Hydrarg. Ciner. or a small amount of the Blue Ointment is to be applied. After the crusts of a scaly papulous or a pustulous Syphilide of the scalp have been removed with oil, one of the following are to be applied:

℞ 1936		℞ 1937
Merc. præcip. alb.,	3 ss.	Merc. sublim. corrosiv., gr. iss.
Vaselin.,	3 v.	Vaselin., 3 v.
S. Salve.	Or:	S. Ointment.

Upon Gummata and ulcerating Syphilides of the skin, Emplastr. Hydrarg. is to be spread. If the processes are very diffuse, Corrosive-Sublimate baths (which see) are preferable. When there is rapid disintegration and destruction of the tissues, especially in localities in which the functions of the organs themselves are threatened, the edges of the ulcerating areas are

to be thoroughly cauterized with Kali Causticum or with Nitrate of Silver.

Mucous Patches and fissures upon the lips are to be treated with the following:

℞ 1938	Merc. præcip. alb.,	gr. vj.
	Ungu. Rosar.,	℥ ij.
	S. Salve for the lips.	

When Mucous Patches are situated within the mouth and upon the mucous membrane of the Pharynx, the following gargle is to be employed:

℞ 1939	Merc. sublim. corros.,	gr. iss.
	Spir. vin.,	
	Aqu. dest.,	āā ℥ v.
	S. 1 teaspoonful is to be added to a tumbler of water which is to be used as a gargle.	

Or the area involved is to be swabbed with the following:

℞ 1940	Acid. carbolic.,	gr. xlv.
	Spir. vin. dil.,	℥ ss.
	S. To be applied with a brush.	

The following is quite frequently employed but can not be as highly recommended on account of the severe irritation it causes to the Buccal mucous membrane:

℞ 1941	Merc. sublim. corrosiv.,	℥ ss.
	Spir. vin. dil.,	℥ ss.
	S. To be applied with a brush.	

For individuals in whom there is apt to be an unfavorable reaction from the use of the previously mentioned gargles and in children, the following is advisable:

℞ 1942	Acid. Tannic.,	gr. xlviij.
	Glycerin.,	℥ j.
	S. To be applied with a swab.	

Ulcerating Condylomata are to be swabbed with a 10-per-cent Nitrate-of-Silver solution or the pencil itself.

For Angina Syphilitica (sore throat) a 2-per-cent Carbolic-Acid or a 1-per-cent Kali-Chloricum solution or the following are to be employed:

℞ 1943	Kal. hypermang.	gr. $\frac{1}{3}$
	Aquæ destillatæ,	℥ 6 $\frac{1}{4}$
	S. Gargle.	

Moist, cold or lukewarm compresses should be applied about the neck. Mucous patches are to be swabbed as they develop with the Nitrate of Silver.

In Syphilitic processes of the nostrils, one of the following remedies is to be injected with a syringe:

℞ 1944	Or.
Merc. sublim. corrosiv.	℞ 1945
gr iv. to viiss.	Iod. pur.,
Aqu. dest., ℥ xxxij.	gr. vj.
S. 3 times, daily, the nostrils	Kal. iodat.,
are to be syringed.	gr. xv.
	Aqu. font., ℥ xxxij.
	S. Like the preceding.

Tampons, covered with the following, may also be inserted into the nostrils:

℞ 1946	Merc. præcip. rubr.,	gr. iij.
	Ungu. emoll.,	℥ v.
	S. Salve.	

Or, it may be advisable to swab the nostrils with Iod.-Glycerine (℞ 960). Ulcerations are to be cauterized with Nitrate of Silver or with a concentrated Corrosive-Sublimate solution. Necrotic fragments of bone must be removed.

In Laryngeal Syphilis, one of the following is to be inhaled:

℞ 1947	℞ 1948
Iod. pur.,	Merc. sublim. corrosiv.,
gr. $\frac{1}{3}$	gr. $\frac{1}{3}$
Kal. iodat.,	Aqu. Laurocer.,
℥ ss.	℥ iiss.
Aqu. dest.,	Aqu. dest.,
℥ 3 $\frac{1}{4}$	℥ iij.
S. For inhalations.	S. For inhalations.

In ulcerative processes of the Larynx, in addition to the inhalations just mentioned, Iodoform is to be insufflated and,

whenever necessary, the following caustic is to be applied with a swab:

℞ 1949	Argent. nitric.,	gr. xv. to xxx.
	Aqu. dest.,	3 v.
	Da in vitr. nigr.	
	S. To be applied with a swab.	

This swabbing is to be done only with the aid of the laryngeal mirror. In Edema of the Glottis, a Tracheotomy is to be performed.

In Syphilitic affections of the Periosteum of the bones, joints, and sheaths of the tendons, in addition to the general constitutional treatment indicated (large doses of Iodide of Potassium, etc.), the following are to be applied, locally, with a brush:

℞ 1950		℞ 1951
Tinct. Iodin.,		Iod. pur.,
Tinct. Ratanh.,      āā    3 ss.		Kal. iodat.,      āā    3 j.
S. The affected parts are to be		Glycerin.,      3 ij.
painted with the same. Or:		S. Like the preceding.

Whenever a process ulcerates through the superincumbent tissue, the treatment becomes surgical.

# DISEASES OF THE EYE

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY  
Prof. ERNST FUCHS, M.D.

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**The Production of Anaesthesia.** Chloroform Narcosis (Billroth's Mixture see R 1239), is only necessary in larger operations, such as Enucleation, Exenteratio Orbitæ, Blepharoplastic operations, or in operations upon children who can not be kept quiet in any other way. For operations lasting but a short time but which are very painful, narcosis is to be produced with Brom-Ethyl. In all other cases, local anæsthesia is to be obtained through Cocaine in the following way: Previous to the performance of operations upon the Bulbus, a few drops of a 5-per-cent solution are to be dropped from 4 to 6 times into the Conjunctival Sack. From the commencement of the cocainization until the time of the operation, the patient is to keep his eye well closed.

In operations upon the lids, anæsthesia is to be brought about by injecting Cocaine (with a hypodermic syringe) beneath the skin of the lids or the Conjunctiva of the same. It is to be prescribed for as follows:

℞ 1951 (a)	Cocain. mur.,	gr. viiiss.
	Acid. boracic.,	gr. ivss.
	Aqu. dest.,	3 iiss.
	Misce et filtra.	
	S. 5-per-cent solution of Cocaine.	

(If the solution becomes flocculent, it must be filtered. It may be sterilized by boiling).

In Glaucoma, Eserin is to be dropped into the eye before cocainization (see R 1975).

**Antisepsis.** Corrosive-Sublimate solutions are employed for the purpose of disinfecting the field to be operated upon and for sterilizing the sponges. That the solution may not be mistaken for another, it is to be stained by adding a drop of a solution of Fuchsin.

A 1:2000 solution is employed for the External Eye, A 1:5000 solution is employed for the Conjunctiva, or a 0.6-per-cent sterilized solution of cooking-salt.

The instruments used in operating upon the Bulbus are placed, immediately before operating, in a receptacle made of wire gauze which in turn is placed in a kettle containing a 1-per-cent Bicarbonate-of-Soda Solution. The solution is boiled sufficiently long to thoroughly sterilize the instruments whereupon they are withdrawn and submerged in a porcelain dish containing a 1 to 1000 Corrosive-Sublimate solution. From this latter solution, they are handed direct to the operator. Instruments used in operating upon the outer portions of the eye are disinfected in a 1-per-cent solution of Carbolic Acid. Instruments and all requisites used upon patients suffering from Trachoma or Blennorrhœa of the Conjunctiva are to be kept by themselves.

**Dressing employed after operations.** After an operation upon the Bulbus, a circular two-fold piece of sterilized gauze, over which a piece of sterilized absorbent cotton is placed, is to constitute the dressing. This dressing is held in place and fastened to the forehead and cheeks with adhesive strips (or a piece of tape upon both ends of which Emplas. Saponat. has been spread). Over this dressing, an eye-shield is placed, made of finely woven wire, lined with flannel and provided with bands of tape with which it may be fastened to the head. During the first few days after an operation, it is advisable to bandage both eyes.

In operations upon the lids, an antiseptic dressing conforming to the surgical rules is to be employed. The dressing is to be held in place with a roller-bandage. In children, it is advisable to render the dressing immovable by applying an additional crinoline bandage.

**Blepharadenitis. Inflammation of the Meibomian Glands.** The general state of health of the individual is to be improved as much as possible. If Scrophulosis, Syphilis, etc. be present these respective affections are to be treated as are also a concomitant Eczema, Pediculosis, or Seborrhœa of the scalp. The eye is to be kept scrupulously clean. Whenever crusts form, they are to be softened and removed with lukewarm water. The following is to be rubbed over the lids:

℞ 1952    Merc. præcip. alb.,                    gr. iss. to iij.  
              Vaseline. puriss.,                    5 iiss.  
              Misce exactissime. Fiat ungu.  
              S. Immediately before retiring, a quantity the size of a pea is to be rubbed upon the border of the lids.

In stubborn cases of Blepharitis Squamosa, the lids are to be swabbed with a 5-per-cent Alcoholic solution of Tar:

℞ 1952 (a)    Picic. liqu.,                                5 ss.  
                  Alcohol. 95-per-cent                5 x.  
                  S. To be carefully applied each day by the physician.

In the ulcerative form, the small abscesses are to be opened, Epilation of the Cilia is to take place and the small ulcers cauterized with a sharpened Nitrate-of-Silver pencil. After this, the Mercurial Ointment, previously mentioned (℞ 1952), is to be applied. In Tylosis, the lids are to be massaged with this ointment.

**Hordeolum. Sty.** Warm compresses are to be applied, or when indicated, the tumor is to be opened with a knife. For the concomitant Blepharitis, the salve, just mentioned (℞ 1952), is to be employed.

**Dacryocystitis. Acute Inflammation of the Lacrymal Sack.** Scrupulous cleanliness is imperative. Warm compresses are to be applied to hasten suppuration; if that is not accomplished in this way, the Lacrymal Sack is to be punctured.

**Blennorrhœa Sacci Lacrimalis.** If a causative affection, such as Ozæna, Nasal Polypi, etc. are present, they are to be treated.

It may be advisable to incise the Lachrymal Duct with the knife devised for that purpose by Weber, after which systematic sounding is to take place with Bowman sounds. In certain cases, it is preferable to extirpate the Lacrymal Sack.

**Conjunctivitis Catarrhalis.** Any causative affection (foreign bodies, Blennorrhœa of the Lachrymal Sack, etc.) which may be present is to be treated. Smoke, dust, heat, and dimly illuminated quarters as well as work at night are to be avoided. The wash-basins, towels, etc. used by patients must not be used by others on account of the danger of infection. When the catarrh is acute, a 2-per-cent solution of the Nitrate of Silver is to be applied:

℞ 1953 Argent. nitric., . gr. iij.  
 Aqu. dest., 3 iiss.  
 Da in vitr. nigr.  
 S. 2-per-cent Nitrate-of-Silver solution.

The applications are made in the following way: After the eyelids have been everted, the Conjunctiva is gently brushed with a camel-hair brush which has been dipped into the solution. After the application has been made, the Conjunctiva should be again washed several times by dipping the brush in water or a weak solution of cooking-salt so that all of the Nitrate-of-Silver solution remaining may be completely removed.

If, on the following day, a bluish-white tint is found upon the Conjunctiva Palpebrarum, it indicates that the solution was too strong and that the procedure must be modified accordingly, or even suspended, if necessary, for a day or more.

Complications of a Conjunctivitis in the forms of Ulcera Corneæ, Iritis, etc. are not contra-indications for the employment of these applications of the Nitrate of Silver.

When the stage of severe irritation has subsided and the Conjunctivitis has assumed a more chronic and torpid character,



Collyria are to be prescribed. These are to be employed only at morning and noon, because at night they only tend to intensify the exacerbation of the Conjunctivitis which usually take place at this time of the day.

### R 1954

Zinc. Sulph., gr. iij.  
 Aqu. dest., ʒ x.  
 (Tinct. Opii. croc., gtt. xx.)  
 S. Lotion for the eyes.

### R 1955

Collyr. adstring. lut., ʒ iiss. to v.  
 Aqu. dest., ʒ iiss.  
 S. Eye-drops.

### R 1956

Tinct. Opii. crocat.,  
 Aqu. dest., āā ʒ ij.  
 S. Eye-drops.

### R 1957

Acid. Boric., gr. xlv.  
 Aqu. dest., ʒ ij.  
 S. For washing the eyes.

In Conjunctivitis Follicularis, the treatment is to be the same as in Chronic Catarrh. If the follicles, notwithstanding this treatment, do not disappear, Lead Ointment (Plumbi-Aceteti, gr. 1½ to 3 to 75 gr. of fat) is to be rubbed into the Conjunctival Sack. Ulcerations of the Cornea are absolute contraindications for the employment of the Lead Ointment.

**Conjunctivitis Scrophulosis.** A constitutional treatment of the Scrophulosis is indicated. When the ulcerations are in a state of retrogression, a little Calomel is to be dusted with a camel-hair brush, once a day, upon the Conjunctiva of the retracted lid:

R 1958 Calomelan. lævigat., ʒ ij.  
 Da in scatul,  
 S. Calomel.

(N. B. A simultaneous administration of the Iodides is to be avoided, inasmuch as a severely irritating compound is formed through the union of the Mercury and Iodine.) If there are symptoms of severe irritation and the ulcerations continually progress, the Calomel is to be suspended and Atropine is to be dropped into the eye.

- ℞ 1959 Atropin. Sulph., gr. iss.  
 Aqu. dest., ʒ iiss.  
 S. 1-per-cent Atropin Solution, to be administered only by the physician. (Poison.)

Photophobia and Blepharospasmus, as well as severe pains, are to be relieved by Cocaine (see beginning of chapter) or the following salves are to be applied upon the forehead:

- |   |   |
|---|---|
| ℞ 1959 (a)<br>Extr. Belladonn. gr. xv.<br>Ungu. Ciner., ʒ iiss.<br>S. 1 or 2 times, daily, a piece the size of a bean is to be rubbed into the tissue upon the forehead or temples. (Poison.) | ℞ 1960<br>Merc. præcip. alb., gr. xv.<br>Extr. Belladonn., gr. xviii.<br>Ungu. simpl., ʒ iiss.<br>S. To be used like the preceding. |
|---|---|

After the symptoms of irritation have subsided, when the granulation of the ulcers appear healthy, Calomel may again be dusted upon the Conjunctiva.

In Pannus Scrophulosis, when all symptoms of irritation have disappeared, it is advisable to employ the White Precipitate Ointment (see ℞ 1952). This is brought into the Conjunctival folds by means of a small glass rod and spread over the Cornea by making slight rotary pressure upon the upper lid.

The following ointment may be employed in the same way, but it is somewhat more irritating:

- ℞ 1961 Merc. præc. flav., gr. i. to ij.  
 Vaseline. puriss., ʒ v.  
 Misce exactissime. Fiat ungu.  
 S. To be rubbed into the Conjunctival folds.

**Fruhjahrskatarrh. Conjunctivitis Catarrhalis Occurring in the Spring of the Year.** For the itching, a solution of Acetic Acid is to be employed:

- ℞ 1962 Acid. acet. dilut., ʒ j.  
 Aqu. dest., ʒ iiss.  
 S. Put a few drops into the eye with an ordinary dropper several times during the day.

For the multiple glandular swelling, accompanying the Catarrh, preparations of Arsenic are to be prescribed internally.

**Blennorrhœa Conjunctiva Acuta. Acute Blennorrhœa of the Conjunctiva. Gonorrhœal Ophthalmia.** As a measure of prophylaxis, at the birth of the child, the precautions recommended by Credé are to be taken. These consist of thoroughly washing the eyes of the child immediately after the ligation of the Umbilical Cord and then dropping a drop of a 2-per-cent Nitrate-of-Silver solution into each eye. Adults, suffering from Blennorrhœa (Gonorrhœa) of the Urethra, are to be warned of the danger to which they are subjected in event of the secretion gaining an entrance into the eye. When only one eye is involved, the healthy eye must be sealed by applying a proper dressing and bandage. The latter must be renewed every day, in order that the eye may be cleansed and the diagnosis of a Gonorrhœa, which may have developed, established at the earliest possible date. The dressing is applied in the following way: The opening between the lids is completely closed by applying two or three strips of English sticking-plaster perpendicularly over the eye. Over these a piece of absorbent cotton is applied, which is held in place by a disk of adhesive plaster into which radiating cuts have been made with a pair of scissors from the periphery to the center. Then another piece of cotton is placed upon the disk of adhesive plaster and the whole bandaged. For the affection itself, especially in the beginning, when there are severe inflammatory symptoms and symptoms of irritation, frequently changed ice-compresses are to be employed. From 6 to 10 leeches are to be applied to the temples (but not too close to the lids). The eye is to be cleansed every half hour with the following:

Rx 1963	Kali. Hypermang.,	3 ij.
	Aqn. dest.,	3 iiss.
S.	A solution is to be made in a glass of water by adding as many drops to the water as will cause the same to assume a wine-color.	

If there is very pronounced Edema of the lids, preventing the eyes from being opened, and a necrosis of the Conjunctiva

is feared, the opening between the lids may be widened through a canthoplastic operation or the slanting Blepharotomy of von Stellwag. (The blunt blade of a straight pair of scissors is inserted beneath the eyelid at the outer angle of the eye. In the first operation, the Outer Commissure is severed in a horizontal direction with a single closure of the blades of the scissors, while in the latter the incision is made downward and outward in the direction of the lower border of the orbit.)

Two to four times during the day, a 2-per-cent Nitrate-of-Silver solution is to be applied to the Conjunctiva (for further particulars see Conjunctivitis Catarhalis). Complications (Ulcus, Abscessus Corneæ, Prolapsus Iridis) are to be treated according to the well-established rules.

In children, the ice-compresses are to be omitted, likewise the protective bandages which as a rule will not be tolerated.

**Trachoma. Egyptian Disease of the Eye.** Precautions are to be taken to prevent the spread of the disease to the opposite eye and the infection of others. Patient must have his own washing material, towels, etc. and must practise the utmost cleanliness.

In the acute forms, accompanied with profuse secretions, as well as in the condition in which there is a progressive formation of Corneal ulcers, a 2-per-cent Nitrate-of-Silver solution is to be applied. In old cases, in which the symptoms of irritation are less and hypertrophy of the Conjunctiva is the most prominent symptom, the Conjunctiva of the everted lids are to be gently touched with blue-stone in the form of a pencil ground from the crystals:

℞ 1964 Cupr. Sulphuric. crystallizat. in bacill., No. 1.  
S. Blue stone.

When cicatrices form, White Precipitate Salve (see R 1952) is to be rubbed into the Conjunctival folds.

In Xerophthalmus, several times, daily, milk and Mucilago Semin. Cydoniorum is to be squirted into the Conjunctival sack.

Trichiasis of a mild form is to be relieved through epilation either by using the forceps or by electrolysis. Severe Trichiasis as well as Entropium require operative treatment.

### **Corpus Alienum in Oculo. Foreign Bodies in the Eye.**

Foreign bodies frequently become lodged in the Conjunctival sack. Quite often they lie in the Sulcus Subtarsalis of the upper lid; for which reason when a foreign body is suspected, one should not fail to evert the lid and examine this region. The foreign body is easily removed from the Conjunctival Sack by brushing or with a pincette. If the body is lodged in the Cornea, it is to be removed (after the eye has been cocaineized) with the foreign-body needle, care being taken to scratch the Cornea as little as possible. When the foreign body has been removed from the Cornea, Iodoform powder is to be dusted over the seat of lodgment after which the eye is to be bandaged for one day. Atropine is to be dropped into the eye when there is ciliary injection.

The foreign bodies most frequently found are dust, particles of coal, metal, glass, stone, splinters of wood, insects and their wings. Crab-stones (*Lapides Cancerorum*) which are usually used by the laity in Austria for the removal of foreign bodies, are frequently forgotten and allowed to remain in the Conjunctival Sack where they give rise to inflammation. Of the other foreign bodies, which gain an entrance into the eye, must be mentioned particles of lime, mortar, and slack from melted metal. When the eye has been burnt with unslacked lime (providing one is summoned in time), a concentrated solution of sugar is to be injected. After an explosion of gunpowder, it frequently happens, that grains of powder reach the eye and become encapsulated in the Conjunctiva without causing a reaction. For that reason they need not be removed, but when the grains become lodged in the Cornea they must be scraped away.

**Keratitis Parenchymatosa (E Lue Hereditaria).** Inflammation of the Cornea Occurring in Hereditary Syphilis. The causative affection is to be treated constitutionally. In addition to nutritious food, the following is to be prescribed:

℞ 1965 Syr. Ferr. iodat., ʒ ij.  
 S. 1 tablespoonful, once, daily.

In place of the foregoing, a wineglass of the Iodine water from Halle (Austria) may be given once a day.

℞ 1966 Kal. iodat., ʒ j.  
 Aqu. dest., ʒ iv.  
 S. 1 tablespoonful, 3 times, daily.

℞ 1967 Quinin. bisulph., gr. x.  
 Merc. subl. corr., gr. j.  
 Mass. pillul ut f. pill. No. 60.  
 S. At first 3 pills per day; afterward, the dose is to be increased to as many as nine pills, daily.

When the process is torpid, warm compresses are to be applied. A piece of linen, folded three or four times, is dipped in water at a temperature of 122° F. and placed over the closed lids. These compresses are to be applied two hours during the forenoon and afternoon. During the latter stages, massage of the Cornea with the Yellow Precipitate Ointment (℞ 1961) is advisable. A quantity, the size of a pea, is brought into the Conjunctival Sack and rubbed into the Bulbus by pressing lightly upon the upper lid. Vaporisation may also be advisable (see Ulcus Corneæ).

**Abscessus Corneæ. Abscess of the Cornea.** Atropine, followed by an Iodoform dressing, is indicated. Rest in bed is to be prescribed. Very hot cataplasm may be advisable. When the Hypopyum involves more than one third of the Anterior Chamber, a puncture of the Cornea must be resorted to.

**Ulcus Corneæ. Ulcer of the Cornea.** The causative affection is to be treated (Conjunctivitis Catarrhalis, Scrophulosis, Trachomatosa, Blennorrhoea, etc.). When there is progressive ulceration, Atropine is to be dropped into the eye, Iodoform dusted upon the ulcers, and a dressing applied. When the ulcer has progressed so far that rupture is imminent, the Anterior Chamber is to be punctured. When ulcers are in a state of retrogression, moderate counter-irritation is advisa-

ble; also the employment of Calomel or the Yellow Præcipitate salve (see R 1961). For clearing away the Corneal opacities, Calomel insufflations or massage with Yellow Præcipitate Ointment (see Keratitis Parenchymatosa) may be highly recommended. Vaporisation may also be tried; the jet of vapor, coming from the apparatus of Siegle, being allowed to play upon the open eye, two times, daily, for 10 minutes at a time.

R 1968    Natrii sozoiodol.,                      gr. ivss.  
              Vasin. puriss.,                          3 iiss.  
              M. f. ung.  
              S. See remark following R 1961.

Occasionally, in Ulcus Corneæ and Keratitis, sub-conjunctival injections of Corrosive Sublimate (under cocaine anæsthesia) are followed with excellent results:

℞ 1969 Hydrarg. sublim. corrosiv. (.01 gram), gr. 1/7.  
Cocaini muriat., gr. ivss.  
Aqu. dest., ʒ iiss.

S. Every second or third day, 1 to 3 divisions of a hypodermic-syringe (1 to 3 minims) is to be injected under the Conjunctiva Bulbi, but not too close to the Limbus.

The resulting pains, which develop soon after the injection, disappear rapidly upon the application of wet compresses. Electricity may likewise be tried in the form of the galvanic current (.2 to .5 milliamperes for 3 to 5 minutes). Alleman's electrode is to be used for this purpose,\* the negative pole being applied upon the cocainized Cornea.

**Prolapsus Iridis.** Recent prolapses should always be excised; in old or very diffuse prolapses, a tight and flat cicatrization is to be sought by either applying, for a longer time, a compressive bandage, through repeated puncture, or by splitting the prolapsed portion and then extracting the Lens, or performing an Iridectomy (providing enough Corneal tissue still remains).

\*To be had from the electrician Schulmeister, Vienna (9 Spitalgasse).





of a pin, is placed into the conjunctival sack. The lower eyelid is drawn outward for one or two minutes in order to allow the tears, which hold the Atropine in solution, to readily flow off and not gain an entrance through the Lachrymal Duct into the nostrils and thus be swallowed, a thing which may readily lead to Atropine intoxication. Severe inflammatory symptoms and pain are to be combated by applying moist warm compresses upon the eye or by placing from 6 to 10 leeches upon the temple (to be repeated if necessary). Vigorous diaphoresis is often very efficacious. This is to be produced through the following:

R 1972    Natr. salicylic.,                      3 iiss.  
Div. in dos. æqu. No. 5.

S. In the evening while patient is in bed, 1 powder is to be taken in a cup of hot tea (Linden Blossom, etc.) after which he is to be warmly covered.

R 1973    Pilocarpini muriat.,                    gr. iss. to ivss.  
              Aqu. dest.,                                3 iiss.

S. 1 hypodermic-syringeful (15 min.) is to be injected, daily.

The best procedure is the employment of warm baths at a temperature of 95° F. the temperature of which may be further increased by adding hot water. After taking the bath, the patient is to be thoroughly dried and wrapped in heated woollen blankets. A cardiac affection or a general weak state of the patient is to be guarded against.

**Chorioditis and Retinitis.** The causative disorder or affection (Myopia of a severe grade, Albumenuria, Syphilis) is to be ascertained and treated. In those cases in which the cause can not be determined, the patients are to be treated with injunctions in the same way as in the Syphilitic form. The real treatment is confined to the employment of hygienic procedures. Rest in bed is to be prescribed as well as a light diet. Alcohol is to be forbidden under every circumstance. Overheated quarters are to be avoided. Care is to be taken to se-

cure an easy and regular stool. The eye must be protected as much as possible. Dark glasses are to be worn and, if the severity of the case warrants, the patient is to be confined in a dark room. Whenever there are grave symptoms of increased ocular tension, an Iridectomy is to be performed. In turbidity of the Vitreous Body, a diaphoretic treatment may be tried.

**Panophthalmitis.** Moist warm compresses are to be applied. Narcotics are to be prescribed whenever the urgency of the case demands. If there is severe Œdema of the eyelids and pronounced protrusion and tension of the Bulbus, an incision is to be made in the latter.

**Ablatio Retinæ. Detachment of the Retina.** Care is to be taken that there is a regular stool. Patient is to rest in bed; a compressive bandage is to be applied which is to be worn for from 3 to 4 weeks. In addition, Natr. Salicyl. (see R 1972) is to be administered. It may be advisable to puncture the detached Retina through the Sclerotic. In some cases of detachment, involving a larger area, every form of treatment will prove futile.

**Glaucoma.** Iridectomy is the form of treatment to be employed in the majority of cases; when the affection has been diagnosed, it can not be performed at too early a date. During the prodromal stage or when it is impossible to perform an operation on account of some unavoidable circumstance, strict mental and bodily rest is to be prescribed. A regular stool is to be obtained and a few drops of the following are to be dropped into the eye:

#### R 1974

Pilocarpin. mur.,	gr. iss.
Aqu. dest.,	3 iiss.
S. Solution of Pilocarpin. Or:	
(Poison).	

#### R 1975

Eserin. Sulph.,	gr. iss.
Aqu. dest.,	3 iiss.
S. Eserin solution. (Poison).	

**Neuritis Optica. Inflammation of the Optic Nerve.** The etiological factors are always to be borne in mind (Syphilis, Acute Anæmia, Orbital Affections, Menstrual Anomalies, Pregnancy, Lactation, Albumenuria, Diabetes, and Lead, Alcohol,

and Iodoform Intoxication). Locally, tinted glasses are to be worn to protect the eye; blood withdrawn from the Processus Mastoideus or sweat-baths, etc. taken. Internally, the Iodide of Potassium is to be taken or Mercurial Inunctions are to be administered.

### **Atrophia Nervi Optici. Atrophy of the Optic Nerve.**

The causative affection is to be treated. In Syphilis, there is to be a heroic anti-syphilitic treatment. A proper diet is to be prescribed; patient is to be out of doors as much as possible; a regular stool is to be obtained. Alcohol and tobacco are to be forbidden, especially when the affection has resulted from the excessive use of these articles. The greatest care is to be taken of the eyes; every form of eye-strain as well as strong light are to be avoided. Strychnin is to be prescribed:

℞ 1976 Strychnin. nitric., .1 gram.  
 Aqu. dest., 20 "

S. Daily, 1 subcutaneous injection (i. e. 15 min.) in the Temporal regions (alternating from the right to the left side.) The first injection is to consist of only 8 drops.

**Strabismus. Squint.** In children, an orthopædic treatment, which will prevent or delay the development of an Amblyopia, is indicated. From time to time, the healthy eye is to be bandaged for the purpose of compelling the child to fixate with the affected eye. A defect in refraction, which may be the cause of the Strabismus, is to be corrected with glasses. The child is to be kept out of doors as much as possible and is not to be allowed to engage in any occupation straining the eye. Operations (Tenotomy) are not to be performed before the 10th or 12th year.

**Lagophthalmus.** The conditions giving rise to the same are to be relieved. A defect is to be covered by a Blepharoplastic operation; an Ectropium is to be operated upon and a facial paralysis, etc. treated. The Cornea is to be protected in the meanwhile by closing the Fissura Palpebrarum. This is done in the following way: The borders of the lid (which are

(drawn as close to each other as possible) are pasted together by applying strips of English sticking-plaster vertically. Over these strips a protective dressing is placed. In mild cases, it is only necessary to protect the Cornea at night. In those cases in which a treatment is necessarily of a long duration or impossible, as is the case in Morbus Basedowii, a Tarsorrhaphia is indicated.

**Spasm of the Accommodation.** Atropine (R 1959) is to be dropped daily into the eye for several weeks. Every form of employment taxing the eye is to be forbidden. Glasses are to be worn.

N. B. If it becomes necessary to employ a Mydriatic, in order to make a more rigid Ophthalmoscopic examination, it is advisable to use instead of Atropine, Homatropine, the action of which and the disturbances of vision which it produces lasting but a few hours:

R 1977	Homatropin. hydrobromat.,	.03 gram.
	Aqu. dest.,	3       "
	S. Solution of Homatropin.	

# DISEASES OF THE EYE

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY  
Prof. J. SCHNABEL, M.D.

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**Cleanliness and rest** are of the greatest importance in the treatment of diseases of the eye. These measures of themselves will effect a cure in many inflammatory affections of the External Eye which from their commencement are not of such a grave character as to endanger the loss of sight. In addition to rest and cleanliness, it is advisable in many cases to employ medicaments as a supportative treatment. Cleanliness does not consist solely of employing special washes but also in avoiding uncleanness in every form. The eye must not be bandaged with soiled coverings or touched, pressed, or rubbed with unclean hands. Purulent matter and mucus must not be allowed to become encrusted either upon the free borders of the lids or the Cilia. Excoriations are to be prevented from forming upon the borders of the lids but especially upon the inner and outer Canthi. The patient is to move about only in a pure atmosphere free from dust and smoke. The eye is afforded rest through cessation of work, through a stay in moderately bright quarters, through the application of a bandage and avoidance of the employment of more irritating medicaments than those really required.

Local remedies of great value are the following:

1. **Cold applications** are indicated in all cases in which there is an active hyperæmia and recent swelling of the Conjunctiva, as well as when there is pain. The more acutely these conditions develop, the greater the urgency for their employment; the greater their severity, the greater the necessity of the withdrawal of heat. The most cleanly, reliable, and con-

venient form of withdrawing heat is through ice-bags made especially for the eye. The ice-bags, however, must be suspended in those cases in which they may seem indicated from the symptoms which are present, when it is evident that they no longer benefit the patient or, what is sometimes the case, interfere with his comfort.

2. **Warm applications** are employed in inflammatory processes of the anterior segment of the uveal tract; especially in Iritis and Iridocyclitis. as long as there is ciliary injection, cloudiness of the Cornea, and Aqueous Humor; and, likewise, when pain is present. The applications are to consist of poultices, made by placing 1 or 2 tablespoonfuls of boiled flax-seed meal into a piece of linen, which, after being folded, is held in place upon the eye by a bandage of some light material. These applications are to have a temperature of about 104° F.

3. **Dressings**, exerting pressure, are employed when there are wounds and loss of substance through ulceration upon the lids, the Conjunctiva, or the wall of the eye-ball. A compressive dressing is to consist of a small cushion of gauze, a pledget of absorbent cotton, and a muslin bandage for holding the cushion and cotton in place.

4. **Nitrate of Silver.** Solutions of from 1/2 to 2-per-cent of the Nitrate of Silver are applied upon the Conjunctiva when its Palpebral Portion is constantly red, thickened, and uneven, and when mucus and pus are thrown off by the Conjunctiva. The more intense these conditions, the stronger are the solutions to be. The applications, as a rule, are made but once a day. After the lids have been everted, a moderately stiff camel-hair brush, which has been dipped in the Nitrate-of-Silver solution, is pressed gently against the free border of the upper lid (a procedure which causes the solution to leave the brush and spread itself over the affected Conjunctiva), whereupon the lids are allowed to return to their normal position. If the resulting pain is severe, a cold application is to be made. If, after the lapse of an hour (at the very utmost), the pain has not completely subsided it is an indication that the solution was too strong and that the next must be milder.

5. **Sulphate of Zinc** in 1 to 2-per-cent solutions and **Corrosive-Sublimate** in 1/20 to 1/10-per-cent solutions are placed in the Conjunctival Sack when there is hyperæmia of the Conjunctiva, when there is an increase in the amount of mucus secreted, and there is moderate swelling of the Orbital Portion. These solutions are not to be employed more than 2 times during the day. An eye-dropper is used for this purpose, which for the sake of cleanliness and disinfection, is to be occasionally boiled. These solutions, like all of those about to be mentioned, are to be prescribed for, only in small quantities, at the most in amounts not exceeding  $2\frac{1}{2}$  dr. In order that they may be perfectly sterilized, it is advisable to subject them to steam, etc. and to keep them in well-sealed vials.

6. **Atropine** in 1-per-cent solution is dropped into the eye when the Pupil is contracted, as a result of an existing inflammation, and when the Iris is adherent to the surface of the Capsule.

7. **Eserine** in 1-per-cent solutions and **Pilocarpine** in 1 to 2-per-cent solutions are dropped into the eye when the existing affection, in addition to inducing inflammatory changes, produces a dilatation of the Pupil.

8. **Cocaine** occupies a very unimportant position as a curative agent; but, on account of being a medium which quickly produces local anæsthesia, it is of inestimable value to the ophthalmologist. One minute after 5 or 6 drops of a 1-per-cent solution have been brought into the Conjunctival Sack, both the Conjunctiva and Cornea can be incised without producing pain. The injection of a hypodermic syringe (15 minims) of a 2-per-cent cocaine solution beneath the skin of the eyelid after the lapse of scarcely 2 minutes will produce an insensibility lasting for over a quarter of an hour and of such a degree that the eyelid may be operated upon without causing the patient any discomfort.

9. **Calomel.** When there are multiple round granules and a spot-like exudate upon the Conjunctiva Bulbi, the Limbus and the Cornea, unaccompanied with ulcerations, finely pow-

dered Calomel is to be dusted into the Conjunctival Sack. A camel-hair brush is to be employed for this purpose. Only as much is to be introduced as will be required to cover the Palpebral Conjunctiva with a thin dust-like layer.

**10. Yellow-Oxide-of-Mercury Ointment** (2-per-cent) is indicated in the same conditions in which finely powdered calomel is employed. A quantity about the size of a grape seed is placed with the finger upon the border of the slightly retracted lower eye-lid and brushed off in such a way that it falls into the Conjunctival Sack. Both the Calomel and the Yellow - Oxide - of - Mercury Ointment are usually employed once each day. In addition to these topical agents, preparations of Mercury and the Iodide or Potash are employed in the treatment of those affections of the eye occurring as a part of a syphilitic infection. The various preparations of Mercury and the the Iodide of Potash are also employed in apparently non-syphilitic affections of the Optic nerve, the Choroid and Retina, the Crystalline Lens, etc. For the most part, however, rational indications generally exist either for the selection or the dosage of these remedies.

**11. Inflammatory affections** of the ciliary margin of the lids (Blepharitis, Blepharadenitis, Eczema, Sycosis, Seborrhœa of this portion of the lids). Crusts and scales which adhere to the Cilia are to be softened by applying vaseline or pure olive oil after which they are to be removed with a sponge made of absorbent cotton. To prevent their further formation, the cleansed areas are to be annointed with oil and protected from dust, etc. Reddening and swelling of the skin may be overcome by applying wet compresses; loosened Cilia are to be removed by making slight traction; small ulcerations at the roots of the Cilia are to be touched with a 2-per-cent Yellow Oxide-of-Mercury salve or with a sharply pointed stick of Nitrate of Silver. When the swelling and reddening of the skin have disappeared, a small quantity of a 2-per-cent Yellow-Oxide-of-Mercury Ointment is to be rubbed every evening into the skin surrounding the Cilia until the formation of crusts and scales ceases.



12. **Chalazion.** After the lid has been everted and slightly retracted, the most prominent portion of the small tumor in the Tarsus is to be opened by making an incision, perpendicular to the axis of the lid, after which its contents is to be expressed. In some cases, it is advisable to use a small sharp curette. After the affections mentioned, under 11 and 12, have healed the free edges of the lids and the Ciliary margin are to be gently brushed, once a day for from three to four weeks, with a piece of absorbent cotton dipped in a 1/10-per-cent Corrosive-Sublimate solution in order to prevent their return.

13. **In Isolated Hyperæmias of the Conjunctiva** and those hyperæmias, accompanied with secretion of mucus and moderate swelling (Catarrh), the eye must not be strained; an impure atmosphere must also be avoided. Cold applications, conforming to the degree of hyperæmia, are to be employed. After all sensitiveness has disappeared or become greatly diminished, a 1-per-cent solution of the Oxide of Zinc is to be dropped into the eye once a day. When there is comparatively stronger swelling of the Conjunctiva and secretion of mucus, than one would expect from the degree of hyperæmia, the Zinc solution may be replaced by swabbings with a 1-per-cent Nitrate-of-Silver solution.

14. **Gonorrhœal Conjunctivitis.** (Blennorrhœa Acuta.) As long as the inflammation is active and the Palpebral Portion of the Conjunctiva remains smooth or is covered with a coagulated film or with the so-called diphtheritic deposits, ice-bags (for the eye) are to be employed, exclusively. When the Palpebral Conjunctiva has become dark red, uneven and homogeneous and purulent matter is thrown off, it is to be swabbed once, daily, with a 2-per-cent Nitrate-of-Silver solution. To wash out the pus from the Conjunctival Sack, a gauze-sponge, saturated in a 1/20-per-cent Corrosive-Sublimate solution, is pressed from without against the skin next to the medial commissure while the lids are separated from each other and retracted from the Bulbus. When the eye is washed out in this way, the expressed Corrosive-Sublimate solution flows between the Conjunctival folds, freeing and removing the pus in a very satisfactory manner. This manipulation is usually repeated as often as the amount of pus secreted requires.

**15. Granular Affections of the Conjunctiva.** (Conjunctivitis granulosa, follicularis; Trachoma, Blepharorrhœa Chronica.) When granula upon the Orbital Portion of the Conjunctiva are the only anomaly, eye-strain is to be avoided and a stay in a pure atmosphere advised. Topical applications are not to be made. There is no medicament which has a direct action upon the granula. If, in addition to the granules, hyperæmia and secretion of mucus are present, cold applications (2 ice-bags, daily) are to be employed and an Oxide-of-Zinc solution dropped into the eye. When the Palpebral Conjunctiva is considerably swollen, reddened, and uneven and there is also a profuse secretion of mucus or muco-purulent matter, swabbing with a 2-per-cent Nitrate-of-Silver solution is indicated. When pain is present and there is hyperæmia of the Conjunctiva, œdema of the Orbital Conjunctiva, and the subcutaneous cellular tissue of the eyelid, every stimulating agent is to be discarded and nothing but cold applications are to be employed. In cases of longer than three months standing, in which the Palpebral Conjunctiva is red, thick, and uneven, the Orbital Portion covered with granules, and in which Pannus is present, a treatment with medicaments is contra-indicated. In these cases, the thickened portion of the Orbital Conjunctiva, which is covered with granules, is to be excised; or, if the granules are large, numerous, and superficially situated, expressed. After the resulting wounds have healed, the relative restoration of the Conjunctiva is to be promoted by washing out the Conjunctival Sack with a 1/20-per-cent Corrosive-Sublimate solution, by dropping an Oxide-of-Zinc solution into the eye, and, when the conditions warrant, by swabbing with a 1-per-cent Nitrate-of-Silver solution. In all cases in which the Cilia touch the surface of the eye-ball, an operation for Entropium is to be performed.

**16. Eczema of the Cornea and Conjunctiva of the Eye-Ball.** (Conjunctivitis and Keratitis phlyctenulosa, Conjunctivitis lymphatica.) When there is severe blepharo-spasm and secretion of tears, the ice-bag only is to be employed. If the symptoms are mild or are absent, inspersion of Calomel or the employment of Ungu. Hydrar. Flav. are indicated. These

agents must not be used when there are Corneal ulcers. They are also contra-indicated in those cases in which the Orbital Conjunctiva is markedly swollen and in which there is an excessive secretion of mucus.

When these latter complications are present, the affected Orbital Portion of the Conjunctiva is to be swabbed with a 1 to 2-per-cent Nitrate-of-Silver solution; when there are Corneal ulcers a compressive bandage is to be applied. The cutaneous surface of the lids must always be kept clean and dry; an eczema of the head or face must be treated with the greatest care. Healing of clefts and excoriations upon the inner and outer Canthi is to be promoted by applying a 2-per-cent Nitrate-of-Silver solution. If a so-called scrophulous vascular strand (Scrophulöses Gefässbändchen) is present it is to be touched at its central end with a sharply pointed stick of the Nitrate of Silver.

**17. Keratitis Suppurativa.** (Hypopyonkeratitis, Corneal Abscess.) When the purulent infiltration involves only a small portion of the Cornea and there is no pus or fibrin flakes in the Aqueous Humor, a compressive bandage is to be applied. If the Pupil is contracted or the pupillary margin adherent to the Capsule, a 1-per-cent Atropine solution is also to be dropped into the eye. If the infiltrated area involves one fourth of the Cornea or more, if a tendency toward further suppuration exists, and fibrin and pus are in the Anterior Chamber, the latter is to be opened by making an incision with a lancet at the margin of the Cornea and its contents removed after which the chamber is to be washed out with warm sterilized water. The base and borders of the ulcer are to be cauterized with the Galvano-cautery and powdered Iodoform is to be insufflated until the surface of the eye-ball is covered with a layer of about a line in thickness. A compressive bandage is then to be applied. If the whole Cornea is in a state of suppuration, resolution is to be promoted by applying cataplasma.

**18. Parenchymatous Inflammation of the Cornea.** (Keratitis interstitialis, profunda, syphilitica.) If during the stage of development, there are vascular injections about the

Cornea, if vessels form in the same and if there is severe Biepharospasm and secretion of tears, an ice-bag is to be employed. If the Pupil is contracted and posterior synechiæ have formed, a 1-per-cent Atropine solution is to be poured into the eye. If the affection does not develop abruptly with violent symptoms from the very commencement and if its retrogression is very slow, a 2-per-cent Yellow-Oxide-of-Mercury Ointment and cataplasma are to be employed. Internally, from 15 to 45 grains of the Iodide of Potassium, are to be given, daily.

**19. Iritis. Iridocyclitis.** If the affection is acnte, rest in bed in a moderately darkened room, complete repose of the healthy eye, cataplasma and the employment of a 1-per-cent Atropine solution are indicated. The cataplasma are to be applied until the Aqueous Humor becomes clear and the ciliary injection and pain have entirely disappeared. Dropping Atropine into the eye is to be continued until the Pupil becomes round (as dilated as the Pupil of a healthy eye when Atropine has been employed (and also until there is no tendency to an abnormal rapid contraction of the Pupil upon a trial suspension of the Atropine. The Atropine, however, is to be suspended when the Pupil is not round and free, when it becomes apparent that the posterior synechiæ are not influenced by the drug. Atropine is to be dropped into the eye, during the first 2 days of a fresh Iritis, every two hours, later, twice a day.

In Chronic Iritis and Iridocyclitis, subconjunctival injections of a minim of a 1/10-per-cent Corrosive-Sublimate solution are indicated. With a pincette, a Conjunctival fold is raised close to and at right angles with the margin of the Cornea. In the space beneath this fold, the disinfected point of the needle (sharp) of the hypodermic syringe is thrust. After the injection has been given, an ice-bag is to be applied to mitigate the pain. After the first injection, it is generally possible to foresee whether this form of treatment will help to effect a cure. After the lapse of 5 or 6 days, another injection is to be given. After five injections, the improvement which was produced by the previous injections is not appreciably influenced. Work should be suspended for many months. Internally, from 15 to 45 grains of the Iodide of Potassium are to be given, daily

When Syphilis is the cause of an Iritis or Iridocyclitis, a constitutional treatment is to be combined with the local (as is the rule in all other syphilitic affections of the eye).

**20. Cataracts.** A unilateral Cataract is not to be operated upon when the other eye is normal, inasmuch as nothing is gained by the patient through the performance of even a successful operation. As a rule, in these cases, an operation is more of a disadvantage than an advantage.

Unilateral Cataracts, occurring in patients in whom there is blindness or Amblyopia of the other eye and bilateral Cataracts, are ripe (i.e. for operation) when the acuteness of vision has fallen below  $1/6$  through the influence of the Cataract itself and not any possible complicating affection. Soft Cataracts, as a rule, are removed by thoroughly breaking up the Capsule and Lens, extraction without an Iridectomy taking place soon thereafter. Hard Cataracts are extracted by performing an Iridectomy.

**21. Glaucoma.** In all cases in which ocular pressure is present, an Iridectomy is to be performed as soon as possible. Eserine and Pilocarpine may shorten the course of mild attacks. These drugs are also valuable in preparing the eye for operation. They, however, are not wont to cure or to improve a Glaucoma.

**22. Injuries of the Eye.** Wounds are to be thoroughly washed with a  $1/20$ -per-cent Corrosive-Sublimate solution. Foreign bodies are to be removed; prolapsed portions of tissue (i.e. Iris, Ciliary Body, Crystalline Lens, etc.) are to be cut away. If the Lens has been injured and there is a large corneal opening it is to be immediately removed through the same. Wounds of the Conjunctiva and Sclerotic are to be carefully closed with stitches. When these measures are adopted, many an eye may be saved and many sympathetic inflammations prevented. After an operation, a compressive bandage is to be applied. If the injury is so extensive that the preservation of not even the normal form of the Bulbus is possible; if it has taken place a considerable time before the

commencement of the treatment and there is a diffuse inflammation of the internal membrane; if the function of the eye is lost and beyond recovery and the presence of a foreign body is only assumed, the extirpation of the eyeball is to take place.

# DISEASES OF THE EAR

FROM THE  
CLINIC AND AMBULATORIUM

CONDUCTED BY  
Prof. JOSEPH GRUBER, M.D.

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**Othæmatoma. Bloody Tumor of the Ear.** The blood is to be removed from the tumor through operative interference. If it is coagulated, it is to be removed by making incisions with a knife. The seat of the tumor is then to be compressed by applying an antiseptic dressing and a bandage wound in circular turns about the head. When there are inflammatory symptoms, cold compresses or the following are to be applied:

℞ 1978 Aqu. vegeto-mineral. Goulardi., ℥ ix.  
S. Compresses are to be saturated with the above.

The thickening of the muscles, resulting from inflammation or occurring as a sequella without inflammation, is to be overcome (when all inflammatory symptoms are wanting) by the employment of systematic massage. If the massage is not well borne or if it accomplishes nothing, the area involved is to be painted with the Tincture of Iodine.

**Eczema Auriculæ. Eczema of the External Ear.** The Eczema of the scalp, which is a frequent accompaniment, is to be treated simultaneously. In some cases, a treatment of the cause (Pediculosis Capitis, Scrophulosis, Anæmia, etc.) will suffice.

Locally. Whatever crusts may be present are to be first softened with glycerine and oil. When there are severe inflammatory symptoms and there is pain, compresses, saturated in Aqu. Goulardi to which ice may be added, are to be applied;







- ℞ 1981 Ol. Rusc., 3 iiss.  
 Glycerin., 3 j.  
 Ungu. emoll., 3 x.  
 S. Ointment; to be applied two times, daily.

When there is a concomitant Eczema of the External Auditory Canal, it is to be thoroughly cleansed with a piece of cotton or charpie held in a pair of ear-forceps; or, if there is a profuse accumulation of secretion, the canal is to be washed out with an ear-syringe (see page 610). Adherent scaly masses must first be softened with the following solution:

- ℞ 1982 Kal. (or Natr.) carbonic., gr. iij. to ix.  
 Glycerin., 3 x.  
 S. To be poured into the External Auditory Canal.

After the employment of the foregoing, syringing will be found easy. The following is then to be poured into the ear:

- ℞ 1983 Zinc. Sulph., gr. iss. to viiss.  
 Glycerin., 3 ij.  
 S. 10 to 15 drops are to be warmed and poured into the ear, 3 times, daily.

If a cure is not effected by the employment of this remedy, the following is to be prescribed:

- ℞ 1984 Argent. Nitric., gr. iss. to viiss.  
 Aqu. dest., 3 iiss.  
 S. To be applied with a brush (by the physician).

If pain sets in, the Nitrate-of-Silver solution must be suspended.

If the External Auditory Canal is narrowed by reason of infiltration of the skin, Bourdonnet's or Laminaria tents are to be introduced.

**Otitis Externa.** Inflammation of the Soft Parts of the External Auditory Canal. During the commencement of circumscribed inflammation, narcotica are to be employed for the pain. These are best administered in the form of the medicated

gelatine bougies (the so-called *Amygdalæ Aurium*) first introduced by Prof. Gruber. After the External Auditory Canal has been thoroughly cleansed with a 4-per-cent lukewarm Carbolic-Acid solution, they are introduced. They are to be held in place by a pledget of absorbent cotton, and are to be changed from 1 to 3 times during the day according to the condition of the patient. They may be prescribed for, as follows:

# **R 1985**

*Amygdal. aurium. gelatinos.*  
*quar. quæ. contineat.*  
*Extr. Opii (aquos), gr.  $\frac{1}{8}$ .*  
*Dent. No. 10.*  
*S. Bougie (Amygd. Aurium.)*  
*for the ear.*

Or:

# **R 1986**

*Amygdal. aurium. gelatinos.*  
*No. 10, quar. quæ. contin.*  
*Morph. muriatic., gr.  $\frac{1}{16}$ .*  
*S. Externally.*

More rarely, the following is employed:

**R 1987** *Amygdal. aur. gelatin. No. 10, q. quæ. contin.*  
*Cocain. muriat., gr.  $\frac{1}{8}$ .*  
*S. 3 or 4 times, daily, 1 bougie is to be introduced.*

(Only in the most extreme cases, during the stage of hyperæmia, is scarification of the External Auditory Canal indicated for the purpose of lessening pain. Under such circumstances, incisions from within outward, varying in length from  $\frac{1}{4}$  to  $\frac{1}{2}$  of an inch and either penetrating the Periosteum or Perichondrium, may be made in different regions of the canal. After scarification, lukewarm water is to be carefully poured into the canal for the purpose of removing the coagulated blood. A moist absorbent cotton tampon is afterward to be introduced.)

If, notwithstanding the employment of these procedures, the pain still continues, blood is to be withdrawn with leeches applied in front of the Tragus (in very severe cases, over the Mastoid Process). In anæmic patients, dry cupping is to be substituted for the leeches. If the inflammatory symptoms do not disappear, lukewarm solutions are to be poured into the ear for the purpose of promoting suppuration. The following is the most employed for this purpose:

- ℞ 1988 Decoct. semin. papaveris (e 10:100), ℥ iij.  
 Tinct. Opii simpl., gtt. xv. to xxiv.  
 S. To be poured every half-hour or hour in the  
 External Auditory Canal and allowed to remain  
 for a few minutes, after which the ear is to be  
 plugged with a piece of absorbent cotton.

In inflammatory processes of the cartilaginous portion of the External Auditory Canal, tampons saturated in warm solutions are to be introduced and the ear plugged with a piece of cotton. This latter procedure is repeated every quarter to half hour. The following solutions are most frequently employed for this purpose:

- ℞ 1989 Plum. acetic. bas.,  
 Morph. acetic., āā gr. xv.  
 Aqu. dest., ℥ iss.  
 S. To be used in a warm state.

If the pain is very intense, narcotics may also be applied in the vicinity of the ear:

- ℞ 1990 Morph. acetic., gr. iss. to iij.  
 Vaseline., ℥ iiss.  
 S. To be rubbed upon the skin about the ear.

Likewise, the following:

- ℞ 1991  
 Veratrin., gr. iss.  
 Glycerin., ℥ iiss.  
 S. To be rubbed with a piece  
 of absorbent cotton upon the  
 skin about the ear.

Or:

- ℞ 1992  
 Ether. Sulph.,  
 Ol. Hyoscyami coct., āā ℥ iiss.  
 S. To be rubbed upon the  
 skin adjoining the ear.

In especially severe cases, hypodermic injections of Morphia are given. In some cases, especially in Otitis Parasitica, it is advisable to pour alcohol into the ear and allow it to remain for from ten to fifteen minutes. This frequently proves an excellent anodyne. If all of the foregoing remedies fail to relieve the pain, a vesicant is to be applied upon the Mastoid Process; and, if the urgency of the case demands, the covering of the

resulting blister is to be removed and the raw surface of skin sprinkled with powdered Morphia.

When there is profuse suppuration, astringents are to be employed. In these cases, the gelatine preparations may also be used to excellent advantage:

- ℞ 1993 Amygdal. aurium. gelatinos. No. 10, quar. qual. contin.  
 Zinc. Sulphuric., .01 to .03 grams  
 (or Natr. boracic., .01 to .05 grams;  
 or Cupr. Sulph. .01 to .02 grams).  
 S. To be introduced into the External Auditory Canal.

When the secretion is fetid, an antiseptic bougie, similar to the following, is to be used:

- ℞ 1994 Amygdal. aur. gelatinos. quar. quæ. cont.  
 Iodoform. pur., gr. 1/6.  
 Dent. talia. No. 10.  
 S. 1 or 2 bougies are to be inserted, daily.

In place of these bougies, solutions containing the desired medicaments may be poured into the External Auditory Canal. After the Canal has been thoroughly cleansed, by either wiping the same dry with a piece of cotton wound about the end of a probe or syringing, the warm solution is poured into the same with a spoon or small bottle. While this is being done, the patient turns his face a little downward and flexes his head upon the opposite side while traction is made upon the ear in an upward, backward, and outward direction (for the purpose of straightening the External Auditory Canal as much as possible). The following solutions are employed the most at present by Prof. Gruber:

- |   |   |
|---|---|
| <p>℞ 1995<br/>         Merc. sublim. corros., gr. 1/6.<br/>         Aqu. dest., ʒ iss.<br/>         S. To be poured into the External Auditory Canal as directed.</p> | <p>℞ 1996<br/>         Acid. Salicylic., gr. j. to ij.<br/>         Aqu. dest. (or if the secretion is offensive Aqu. Naphlæ), ʒ iss.<br/>         S. Externally.</p> |
|---|---|

Furthermore:

℞ 1997 Zinc. Sulph., gr. iiss.  
 Aqu. dest. (or Glycerin.),  $\frac{3}{4}$  iss.  
 S. Ear-drops.

When the secretion is sparse, but there is pronounced swelling, the following is to be employed:

℞ 1998 Plumb. acetic., gr. ij. to xv.  
 Aqu. dest. (or Cerasor. nigror.),  $\frac{3}{4}$  iss.  
 S. To be used like the preceding.

When there is an excessive formation of granulations, the following is to be poured into the ear:

℞ 1999 Argent. nitric., gr. iss. to viij.  
 Aqu. dest.,  $\frac{3}{4}$  iss.  
 S. To be poured into the ear.

Or the Canal is to be painted with a 5- to 10-per-cent Nitrate-of-Silver solution. If this does not suffice, the Nitrate of Silver in the form of the stick is to be used.

In diffuse Otitis Externa, the treatment is similar to that of the circumscript. Noxious agents, which promote the inflammation, such as foreign bodies, fungoid masses, etc., are to be removed. During the stage of hyperæmia, scarification (see page 602) is indicated; or, if the patient is unwilling, the same procedures are to be employed as in Otitis Ext. Circumscripta. When there is evidence of suppuration in the deeper tissues and the matter is not readily discharged, an incision is also to be made. If the Canal has become narrowed, through intense swelling of the tissues, a drainage-tube is to be inserted into the same; or, if this is not possible, incisions are to be made in the soft parts. An abscess upon the Tympanum or in its vicinity is to be opened at as early a date as possible. In profuse Otorrhœa, accompanied with an excessive formation of granulations, the Nitrate of Silver, either in the form of the stick or in concentrated solutions, is to be employed. In parasitic inflammation, the Canal is to be first syringed with 1-per-cent Carbolic-Acid solution, after which warmed absolute alcohol is to be poured into the same.

**Injuries to the Tympanic Membrane.** In recent injuries, noxious substances or foreign bodies which may still remain in the ear are to be removed, not by means of injections, however, but with charpie wound about a sound or, if good illumination may be obtained, with a sound, after which Iodoform is to be insufflated into the ear and the Canal plugged with a piece of Iodoform gauze and absorbent cotton. Rest is to be observed and saline cathartics are to be given to avoid fluxion to the head.

**Myringitis. Inflammation of the Tympanic Membrane.**

(a) In acute inflammation, an antiphlogistic procedure is indicated. Rest in bed is imperative. All deleterious substances, which may be lodged in the Auditory Canal, are to be removed with the least possible injury to the parts (adherent accumulations of epidermis are to be removed after the method mentioned under Eczema Auriculas, page 599) after which the canal is to be syringed. The diet is to be regulated and cathartics administered. If there is severe hyperæmia of the Tympanic Membrane in a patient of robust constitution, leeches are to be applied upon the Tragus (if deemed urgent) in a semicircle extending to the Mastoid Process. In anæmic individuals, dry cupping is to be employed; one cup being applied to the Tragus and the other upon the Mastoid Process. Furthermore, cold compresses are to be applied in the vicinity of the ear. If there is persistent pain, narcotics are to be prescribed (see Otitis Externa) or in any event, the following:

℞ 2000	Plumb. acet. basic.,	gr. iss.
	Aqu. font. destillat.,	℥ iss.
	Morph, acetic.,	gr. $\frac{3}{4}$ to 1 $\frac{1}{2}$ .
	S. To be dropped into the ear every two hours.	

℞ 2001	Plumb. acct. bas.,	gr. iiss.
	Aqu. dest.,	℥ xij.
	Tinct. Opii simpl.,	℥ j.
	S. To be poured into the ear 3 or 4 times, daily.	

In the same way, the following:

R 2002	Acid. boric,	gr. v.
	Cocain. muriat.,	gr. viiss.
	Aqu. dest.,	3 iiss.
	M. S.	15 drops are to be poured into the ear, 3 times, daily.

If, notwithstanding the withdrawal of blood hyperæmia and pain still persists in the Tympanic Membrane, superficial incisions are to be made in the Cutis of the canal immediately adjoining the Tympanum. These incisions are to run parallel to its peripheral border and are to be made with Gruber's Myringotome.

If an exudate is present, one of the remedies, just mentioned (R 2001-2002), or the following is to be dropped upon the free surface of the Tympanum:

℞ 2003 Acid. boric. subtilissim. pulveris., gr. viiss.  
 Aqu. dest.,  
 Glycerin., āā 3 v.  
 Tinct. Opii simpl., gtt. xxv.  
 S. To be warmed and dropped into the ear every  
 2 hours.

After cessation of pain, when granulations form, the drum is to be painted with the following:

R 2004	Zinc. Sulph.,	gr. ivss.
	Alum. crud.,	gr. viiiss.
	Aqu. destillat.,	℥j.
	S. To be applied with a brush.	

Before these applications are made, the Tympanum must be rigidly examined to ascertain whether the existing exudate really indicates their employment. The Drum must also be thoroughly cleansed with absorbent cotton.

If the patient is not able to come to the physician every day, the following is to be placed in his hands:





Large granulations are to be destroyed with the galvano-cautery or snare and their bases canterized with a caustic. If, as a result of a Myringitis or an Otitis Media, there is a permanent loss of the Tympanic tissue, the artificial drum, recommended by Prof. Gruber is to be employed. This is to be made of rubber or a piece of linen which may be advantageously covered with the following:

R̄ 2010		R̄ 2011	
Kal. carbonic.,	gr. iij.	Argent. nitric.,	gr. iss.
Vaselin.,	ʒ iiss.	Ungu. emoll.,	ʒ iiss.
S. Salve.	Or:	S. Salve.	

When there is superficial cloudiness of the Tympanum, it is to be swabbed with the following:

R̄ 2011 (a)	Kal. iodat.,	ʒ j.
	Iod. pur.,	gr. iij.
	Glycerin.,	ʒ vj.
	S. To be applied with a piece of cotton wound about an applicator.	

Likewise:

R̄ 2011 (b)	Merc. sublim. corrosive.,	gr. vj.
	Aqu. destillat.,	ʒ vj.
	S. To be applied with a brush.	

If there is cloudiness of the deeper layers of the Tympanic Membrane, repeated inflation is indicated. Furthermore, superficial incisions may be made upon the Drum; and, if the conditions warrant, a Myringotomy may be performed.

**Foreign Bodies In the External Auditory Canal.** It may be said in general that a foreign body is to be removed from the ear as early as possible. Only, when the same does not give rise to any alarming symptoms and when there is an inflammatory swelling in that portion of the canal, external to the foreign body, is removal to be delayed until the conditions are more favorable. In every case, an attempt is first to be made to dislodge the body by careful syringing. This, for the most part, will accomplish the desired object.

(For syringing the ear, syringes made of German silver or some similar metal and provided with blunt rounded nozzles are to be employed. The injections are given in the following way: The syringe is held in the right hand with the nozzle pointing at an obtuse angle toward one of the walls of the External Auditory Canal. The left hand seizes the upper third of the ear and draws the same backward, upward, and outward. The contents of the chamber of the syringe is forced into the ear under moderate pressure. The water used must be pure and should have a temperature of 95 to 97° F. After the injection has been given, the ear is to be thoroughly dried with a towel and a piece of absorbent cotton, held between the blades of a pair of ear forceps is to be placed in the ear. This will absorb whatever moisture may remain behind).

At times, the removal of a foreign body is more readily accomplished by syringing the ear while the patient is in a recumbent position with his head hanging a little backward. The employment of instruments, for the removal of foreign bodies, is to be avoided as long as possible. Only, when repeated injections have failed to dislodge the body, are they to be used. The instrumental extraction is to be undertaken only by a specialist or one thoroughly familiar with the technique employed. Ear-forceps (or instruments having the form of a curette or the Krücken pincette with parallel-running movable blades) are usually employed for this purpose.

Hard masses of cerumen are to be softened, before the injections are given, by repeatedly pouring water, Almond oil, or Glycerine or what is even better, the following, into the Canal:

℞ 2012	Kal. iodat.,	3 ss.
	Glycerin.,	
	Aqn. dest.,	āā 3 ss.
	M. S.	To be poured into the ear.

It is also advisable to swab the walls of the canal with this solution, after the masses of Cerumen have been entirely removed.

When a foreign body has been extracted, the Auditory Canal and the Tympanum are to be carefully examined and whatever diseased tissue may be found to exist treated as may be indicated. The Canal must be kept plugged with a piece of absorbent cotton for several hours after these procedures have been employed.

**Otitis Media Catarrhalis. Catarrhal Inflammation of the Mucous Membrane of the Middle-Ear.** The general state of health of the patient is to be ascertained. If there is a constitutional cause for the affection, a constitutional treatment is to be prescribed. The Naso-Pharynx is to be thoroughly examined. If Adenoid Vegetations are found to be present these are to be removed. Hypertrophied Tonsils are to be extirpated; or, if the patient does not consent to an operation, the Tonsils are to be cauterized with an escharotic. In Chronic Naso-Pharyngeal Catarrh, medicated solutions are to be injected through the nose. From 2 to 3-per-cent solutions of Alum, Boracic or Tannic Acid are to be employed for this purpose. It is advisable to prescribe gargles in conjunction with these injections.

The Catarrh of the Tympanic Cavity itself and the Eustachian Tube requires local treatment. Inflation, after the method of Gruber, is indicated above everything else. A nasal nozzle attached by an India-rubber tube to an air-bag (Poltzer's No. 10) is inserted in one of the nostrils. With the finger of one hand, the Alæ of the nose are pressed over the same; and, with the other, the air-bag is compressed while the patient pronounces the syllable *huck*. The procedure is to be repeated as frequently as the condition of the case demands. The treatment is to be invariably commenced with moderate compression of the air-bag—the pressure, if necessary, being gradually increased. If the nasal mucous membrane is not involved and frequent inflation is indicated, the air is to be driven into the Middle-Ear by means of the Eustachian catheter. When there is a high grade of Hyperæmia of the Tympanic Membrane accompanied with Tinnitus Aurium, local bleeding with leeches is advisable, providing there are no contra-indications for the employment of the same.

Attention is to be paid to secure a regular stool; if indicated, the mineral waters of Friedrichshall, Karlsbad, Kissingen, etc. are to be prescribed. If the affection persists, notwithstanding the employment of these measures, especially, when there is marked swelling of the mucous membrane, astringent solutions, such as the following, are to be injected by means of the Eustachian catheter:

## R̄ 2013

Acid. Tannic.,            ʒ ss. to j.  
 Glycerin.,                ʒ iiss.  
 Aqu. dest.,               ʒ iij.  
 S. For injections.                    Or:

## R̄ 2014

Natr. Boracic.,                    āā    ʒ ss.  
 Alum. crud.,                    āā    ʒ iij.  
 Aqu. dest.,                    āā    ʒ iij.  
 S. Externally.

(The injections into the Eustachian Tube are made in the following way: The solution is injected with a hypodermic syringe having a long nozzle into a Eustachian catheter held in place with the left hand. From the catheter the solution is driven into the Middle-Ear by attaching an air-bag and then compressing the latter).

Likewise injections of vaselin:

R̄ 2015    Vaselin. liqu. sterilis.,                    ʒj.  
 S. 1 hypodermic syringe-ful is to be injected.

In scrophulous or syphilitic individuals, ointments containing some preparations of Iodine or Mercury are to be applied upon the Mastoid Process and briskly rubbed into the tissues.

During the Summer, a sojourn at the bathing resorts can not be too highly recommended. For delicate individuals, who react very readily, saline-baths are indicated; for anæmic patients, Iron; and for the scrophulous and syphilitic, baths containing Iodine. The indifferent thermal-baths, such as Wiesbaden, frequently have a decided influence for the better upon the disease.

As regards the treatment for Otorrhœa resulting from a catarrh and perforation, see next page Otitis Media Suppurativa.

**Otitis Media Suppurativa. Purulent Inflammation of the Middle-Ear.** When there is fever, rest in bed and a fever diet are indicated. During the first stage and also when there is severe pain (even after suppuration has set in), local bleeding is advisable. If there are symptoms of cerebral pressure in robust individuals a Venesection is to be performed. In some cases, cold applications (in the form of ice-compresses or Leiter's metallic coils) are to be made in the vicinity of the ear, while in other cases, warm applications upon the ear and its vicinity will be found to act better. The action of the latter may be still further increased, by applying simultaneously ice-compresses upon the forehead. In those cases in which bleeding is contra-indicated on account of the general condition of the patients or in which the pains are not sufficiently relieved by its employment, narcotics are to be prescribed (see *Otitis Externa*). Antipyrin (gr.  $7\frac{1}{2}$  to 15 pro dos.) will also be found an excellent remedy to relieve the pain and to reduce the fever.

Depletion through the intestines, even when there is no tendency to constipation, is advisable.

If the pains are intense and are not relieved by the employment of these agents, the air-bag (under moderate pressure) is to be employed. If this also fails, a Myringotomy is to be performed. When suppuration has set in, if the pus does not flow off in sufficient quantities through the Tuba Eustachii, a Myringotomy is to be performed in the lower half of the Tympanic Membrane.- The Myringotome is to be introduced into the canal while the Tympanic Membrane is clearly illuminated with a mirror fastened to the forehead. The lowest portion of the Drum is to be pierced. The Myringotome is to be withdrawn in such a way that the incision is lengthened upwardly. Immediately after the operation, the air-bag is to be employed. If the wound closes rapidly (which for the most part may be prevented by repeated inflations or by frequently pressing aside the edges of the wound with a sound), the operation is to be repeated as often as indicated.

When the Pharyngeal mucous membrane is simultaneously inflamed, astringents or agents promoting absorption are to be employed in the form of gargles. If indicated, the Pharyngeal walls are to be swabbed with Nitrate of Silver. The lumen of

the External Auditory Canal is to be always kept as wide open as possible. If a Chronic Otorrhœa develops, after an attack of Otitis Media (or also Catarrhalis) when there has been a perforation of the Drum of the ear, the first indication is to keep the ear clean by syringing the External Auditory Canal. Inflation, before and after syringing, may be advisable. If these procedures fail, injections are to be given through the Tuba Eustachii. These injections are to be either administered by means of the Eustachian catheter (see Otitis Media Catarrhalis) or when both ears are involved and especially when there is a concomitant affection of the Naso-Pharynx, directly through the nose after the method of Prof. Gruber. In rare cases, when the solutions can not be forced into the Middle-Ear by either of these methods by reason of a Stenosis of the Eustachian Tube, the injections are to be administered with a Weber-Liel Middle-Ear Catheter. To assist the expulsion of a fluid exudate from the Middle-Ear, the suction-syringe, recommended by Prof. Gruber, may also be employed. It is to be attached to the catheter which is introduced into the Middle-Ear through the External Auditory Canal.

For syringing the Middle-Ear, the following is most frequently employed:

R 2016	Acid. Boric.,	5 iv.
	Alcohol. absol.,	3 iiss.
S.	1 teaspoonful to be added to a quart of warm water.	

If the exudate is offensive, a 2 to 4-per-cent Carbolic-Acid solution or a weak violet solution of the Permanganate of Potash is to be used.

After these cleansing remedies have been employed, very finely powdered Boracic Acid will be found an excellent anti-otorrhœic agent. Two or three grains are insufflated into the External Auditory Canal, after the Canal and Middle-Ear have been carefully cleansed by syringing, and inflation and thoroughly dried. After insufflation, an additional amount of Boracic Acid is to be placed in the ear and the canal plugged with a piece of cotton. These insufflations are to be repeated whenever the powder is discolored or stained yellow by the exudate.

It is often of advantage to combine, with the insufflations of pulverized Boracic Acid, injections (through the Eustachian Tube) of a 4-per-cent Boracic-Acid solution.

If the affection is of a tubercular origin, instead of the Boracic Acid, Iodoform (deodorized, if possible) is to be employed in the same way. The following solutions are employed when there is a simple catarrhal exudate:

℞ 2017 Zinc. Sulph., gr. iss. to viiss.  
 Aqu. dest.,  
 Glycerin., āā 3 v.

S. Daily, 10 drops of the lukewarm solution are dropped into the ear and allowed to remain for several minutes.

Gelatine bougies, containing astringents, also act well. In stubborn cases of Otorrhœa, the following is employed for the most part:

℞ 2018	Acid. Boric. subtilissime pulverisat,	gr. xv.
	Aqu. dest.,	℥j.
	Spir. vin. rectificat.,	℥ ij. to ℥j.
	S. Externally.	

If severe pains develop from the employment of these remedies, the External Auditory Canal is to be syringed with lukewarm water. In very stubborn cases, especially when the mucous membrane of the Middle Ear is very much tumefied, a 10-per-cent Nitrate-of-Silver solution is to be poured into the ear after the External Auditory Canal has been thoroughly cleansed. By moving the head in different directions the solution may be brought in contact with the different walls of the ear; and by properly flexing the head caused to flow out. After the employment of this latter procedure, the ear is to be syringed several times with a solution of cooking-salt. In case of Syphilis, the following is to be poured into the ear:

℞ 2019 Mercur. sublim. corrosiv., gr.  $\frac{3}{4}$  to 1  $\frac{1}{2}$ .  
 Aqu. dest., 3 iss.  
 S. To be poured into the ear.



**Otitis Media Hypertrophica.** Plastic Inflammation of the Mucous Membrane of the Middle-Ear. When a constitutional disease is present, which may be the causative factor of the affection as well as a concomitant chronic nasal affection, these are to be treated. Care is to be taken to avoid congestion of the head. Sojourns in regions having a high altitude are advisable. During the Stadio Hyperæmia, in full blooded individuals, the Tinnitus Aurium is to be relieved through local bleeding.

Methodical rarefaction of the air (with a syringe) in the External Auditory Canal may be advisable. For patients of a fatty diathesis, the mineral waters of Marienbad, Karlsbad, Kissingen, etc. are indicated. If the mucous membrane of the Eustachian Tube is most involved, inflations, the insertion of Laminaria and other bourgies, are to constitute the principal form of treatment. When the process has spread to the mucous membrane of the Middle-Ear, the following is to be injected per tubam by means of a catheter:

℞ 2020 Kal. caustic., gr. ss. to iss.  
 Aqu. dest., 3 v.  
 S. To be injected either daily or every 2d or 3d day.

(For the technique employed in giving injections, see Otitis Media Catarrhalis).

In the same way, a 2 to 5-per-cent Iodide-of-Potash solution or a 1-per-cent Natr.-Carbonic solution may be employed. This form of treatment is to be alternated with inflations. Inflation of Iod.-Ether or the vapors of Acetic-Ether will be found quite effective. To Syphilitics, the following is to be prescribed:

℞ 2020 (a) Mercur. Sublim. Corrosiv., gr. 3/10. to 6/10.  
 Aqu. dest., 3 x.  
 S. To be injected per tubam.

**Subjective Ringing of the Ears and Nervous Deafness.** Constitutional disorders are to be treated as may be indicated. The drinking of certain mineral waters and bathing in the same



may be highly recommended. Waters containing Iodine are to be prescribed to syphilitics and scrophulous patients and saline cathartics to individuals who are subject to congestion of the head. In many cases, indifferent thermal waters or cold hydro-pathic procedures will be found advantageous. To chlorotic and anæmic individuals, Iron is to be prescribed, and the following to Scrophulous and Syphilitic patients:

℞ 2021 Sry. Ferr. iodat.,  
 Sry. cort. Aurant., āā ʒ iss.  
 S. 1 teaspoonful, 3 times, daily.

In these cases, the following is also to be applied, externally:

℞ 2022 Kal. Iodat. (Ammon. iodat.) gr. lxxv,  
 Camphor. ras., gr. ivss.  
 Unguent. emollient., ʒ v.  
 Ol. Caryophyllor., gtt. iij.  
 S. Mornings and evenings, a piece the size of a pea is to be rubbed for five minutes back of the ear.

As a symptomatic procedure, the air of the External Auditory Canal may be rarefied with the apparatus devised by Prof. Gruber for that purpose, or by simply making suction with the piston of an ordinary ear-syringe while the nozzle of the same or an otoscope attached to the same is inserted into the ear in such a way as to prevent the entrance of as little air as possible. This procedure is frequently followed with most excellent results. Internally, the following is to be prescribed:\*

℞ 2023 Tinct. Arnicæ., ʒ ss.  
 S. 5 to 10 drops upon a lump of sugar, 3 times, daily.

Locally, the following:

℞ 2024 Ether. Sulph. (or Chloroform.), ʒ ss. to j.  
 Glycerin., ʒ iiss.  
 S. Several times, daily, or only in the evening, 5 to 10 drops are to be placed upon a piece of cotton and inserted into the ear.

\*The Metzert-Ellis apparatus which can be had of the instrument maker, McKee of Washington, D. C., is well adapted for this purpose.

Likewise:

℞ 2025 Ether. acetic., 3 ss. to j.  
Tinct. Valerian., 3 iiss.  
S. Like the preceding.

℞ 2026 Ol. Hyoscyam. coct., 3 iiss.  
Tinct. Opii simpl., gtt. xxv.  
S. Several times during the day, a few drops are to be poured into the ear.

Furthermore, the vapors of Ether or Chloroform may be forced into the Middle-Ear per tubam by pouring several drops into an air-bag which is to be attached to a catheter and then compressed.

A small piece of pure camphor, wrapped into a ball with a piece of cotton and inserted in the External Auditory Canal, frequently acts excellently. The following may also be tried:

℞ 2027 Ol. Amygdal. dulc., 3 v.  
Camphor. ras., gr. iij.  
S. 5 to 10 drops are to be poured upon a piece of cotton which is to be inserted in the ear.

If the ringing of the ears is intense and can not be checked otherwise, the administration of narcotics (Morphium, Opium, Hydrate of Chloral) externally or subcutaneously must be resorted to, to afford relief. Cocaine likewise may be administered, subcutaneously, or in the following form:

℞ 2028 Cocain. muriatic. gr.  $1\frac{1}{2}$ . to  $3\frac{3}{4}$ .  
Sacch. alb., 3 j.  
M. f. pulv. div. in dos. æqu. No. 5.  
S. Evenings, 1 powder is to be taken in a wafer.

The Bromide of Sodium and Kalium (15 to 45 grains per dos.) will be generally found to yield the best results in Tinnitus Aurium.

FROM THE  
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CONDUCTED BY

Prof. ADAM POLITZER, M.D.

**Accumulation of Cerumen in the External Auditory Canal.** If the mass has a fatty, glazy appearance and is soft, the ear is to be thoroughly syringed with warm water with a syringe having a capacity of from 3 to 5 ounces. To the nozzle of the syringe, a piece of rubber tubing is to be attached, which is to be inserted in the Canal as far as the accumulation. After the ear has been syringed, the Canal is to be thoroughly dried and plugged with a piece of cotton. If the accumulated mass is dry and hard, it is to be softened with lukewarm water or oil or, what is perhaps better, with the following:

℞ 2029 Natr. carbonic., gr. xij.  
 Aqu. dest.,  
 Glycerin., āā ʒ ij.  
 M. S. 10 drops of this solution, warmed, are to  
 be poured into the ear, 3 times, daily.

After the mass has been sufficiently softened, it is to be removed by syringing.

**Eczema Auriculæ.** Eczema of the External Ear. In acute Eczema, the affected area is to be washed with water. Syringing the ear is to be avoided. The moist or inflamed areas are to be covered with Ungu. Emoll. or Vaseline. In Eczema Intertrigo, starch is to be dusted over the regions back of the ear. In diffuse painful inflammation, compresses, saturated in cold water or Aqua Goulardi, are to be applied.

During the stage of crust formation, the crusts are to be removed by applying, freely, Olive Oil or Balsam of Peru, after which the ear is to be painted with the following:

## R̄ 2030

Ungu. Diachylon. Hebra., ℥j.

S. Salve. Or:

## R̄ 2031

Ungu. emollient.,

Ungu. Cerussæ, āā ℥ ss.

S. Salve. Likewise:

## R̄ 2032

Empl. Diachylon. simpl.,

Vaselin. pur., āā ℥ ss.

S. Salve. Or:

## R̄ 2033

Acid. Boric., gr. xvij.

Vaselin., ℥ ss.

S. Boracic-Acid Ointment.

These salves are to be spread upon pieces of linen, applied upon the affected ear, carefully pressed in all depressions of the same, covered with absorbent cotton, and held in place by turns of a bandage. If the External Auditory Canal is simultaneously involved, a piece of cotton impregnated with the salve is to be introduced. Fresh salve is to be applied every twenty-four hours. After the crusts have been shed, the skin is to be annointed for several weeks with Vaseline, Crème Céleste, or with the following:

## R̄ 2034 Merc. præcip. alb.,

gr. vj.

Ungu. simpl.,

℥j.

S. Ointment. To be applied with a brush.

In Squamous Eczema, Tincture of Rusci or the following is to be applied:

## R̄ 2035 Acid. carbolic.,

gr. xv.

Spir. vin. rectificat.,

℥j.

S. Externally.

Or the following:

## R̄ 2036 Acid. Boric.,

gr. xxiv.

Spir. vin. Gallic.,

℥j.

S. To be applied with a brush.

Thickened and tumefied epidermis is to be softened by frequently swabbing and massaging the ear with Olive Oil, Ol. Morrhuæ, or Balsam of Pern. In stubborn cases, the parts are to be washed with Spir. Saponat. Kalinus, after which a thin coating of Ol. Rusci is to be applied. The latter is not to be removed until the crusts have been shed. When the skin has become soft and paler, the following is to be prescribed:

## R 2037

Ol. Fagi.,	3 ij.
Glycerin.,	3 j.
Ungu. Emollient.,	3 j.
S. Salve.	

Or:

## R 2038

Ol. cadin.,	3 ss.
Glycerin.,	5 xiiss.
S. Externally.	

Likewise:

R 2039	Acid. carbolic.,	gr. xv.
	Ungu. simpl.,	3 x.
	S. Salve.	

Or Wilson's Salve:

R 2040	Resin. Benzoes pulv.,	5 gramm.
	Ungu. simpl.,	150 "
	Colat. adde:	
	Oxyd. Zinc.,	25 "
	M. f. ungu.	
	S. Salve.	

In Scaly Eczema of the External Auditory Canal, the scales are to be brushed away with dry cotton, whereupon a concentrated solution of the Sulphate of Copper is to be applied with a swab. The latter application is to be repeated after the resulting eschar has been shed. Later, in order to prevent relapses, the cutis of the Cartilaginous Portion of the Canal is to be swabbed two times during the week with the following:

## R 2041

Merc. præcip. alb.,	gr. v.
Ungu. emoll.,	3 j.
S. A thin coating is to be applied with a brush.	

Or:

## R 2042

Ol. cadin.,	3 ss.
Vaselin.,	3 iiss.
S. Salve.	

To anæmic or scrofulous patients, preparations of Iron or the Iodides are to be given internally.

**Othæmatoma. Bloody Tumor of the Ear.** Small tumors which are not painful are to be allowed to pursue their regular course. If there are inflammatory symptoms, cold compresses or Leiter's apparatus are to be employed, and after the pains have subsided, Aqu. Goulardi.

After four or five days, if the pain has not lessened and the tumor has not become small, puncture is indicated. If the circumference of the tumor is large, an incision is to be made and the resulting wound tamponed with Iodoform gauze.

**Dermatitis Auriculæ. Inflammation of the Ear (Auricle).** Cold applications are to be made, in severe cases, an ice-bag or Leiter's apparatus; in mild cases, the following:

℞ 2043    Aqu. vegeto-miner. Goulardi, ʒ v.  
             Tinct. Opii simpl.,                      ʒ ij.  
             S. For saturating compresses.

Those areas deprived of their Epidermis must be covered with some suitable salve.

**Otitis Externa Circumscripta. Follicular Inflammation of the External Ear.** In painful, deep-seated inflammation, the swollen tissue is to be incised, even if suppuration has not yet set in. If the inflammation spreads to the Mastoid Process, Leiter's metallic coil for the ear is to be applied (cold water is to be run through the same). Anodyne liniments, similar to the following, are to be rubbed over the Auricular regions:

℞ 2044    Chloroform.,  
             Ol. Olivar.,                              āā ʒ ss.  
             S. A piece of cotton saturated in the same is to be applied in the neighborhood of the ear.

The following is suitable for individuals fearing an operation:

℞ 2045    Aqu. Opii,                                      ʒ j.  
             Aqu. dest.,                                  ʒ iij.  
             M. S. Pieces of absorbent cotton saturated in the same are to be inserted in the External Auditory Canal.

Likewise, the following:

℞ 2046    Cocain. muriatic.,                      gr. viiss. to viij.  
             Aqu. dest.,                                  ʒ iiss.  
             S. 5 to 10 drops on a piece of cotton is to be inserted into the External Auditory Canal.

℞ 2047	Acid. Boric.,	gr. xv.
	Morph. acetic.,	gr. iij.
	Vaselin.,	3 v.
	M. f. ungu.	

S. A strip of bacon, cut to fit the canal, is to be covered with the same and inserted.

If there is marked swelling and pain, which does not subside after an incision has been made, leeches are to be applied, simultaneously, upon the Tragus or the Regio Mastoidea. After an incision has been made or after the abscess has ruptured, the following are to be employed:

℞ 2048		℞ 2049	
Acid. carbolic.,	gr. viij.	Acid. Boric.,	gr. xv.
Glycerin.,	3 ss.	Spir. vin. rectificat.,	3 v.
S. To be applied with a brush.		M. S. To be dropped into the	
Or:		ear.	

If there is itching in the External Auditory Canal after the inflammatory symptoms have subsided, scratching in this region is to be strictly forbidden. To prevent the itching, the following may be employed:

℞ 2050	Mercur. præcip. alb.,	gr. ivss.
	Ungu. emoll.,	5 iij.
	S. To be applied with a brush upon the walls of the External Auditory Canal, every second day.	
Or:		

℞ 2051	Acid. Boric.,	gr. xv.
	Vaselin.,	3 v.
	S. Like the preceding.	

The simple application of alcohol with a camel-hair brush is often followed with good results.

**Otitis Externa Diffusa.** Diffuse Inflammation of the External Auditory Canal. Cold compresses are to be applied. If there is intense pain, local bleeding is to be resorted to and Anodynes are to be poured into the ear (see Otitis Media Acuta). After secretion has set in, Boracic Acid is to be insufflated or a 5-per-cent Alcoholic Boracic-Acid solution is to

be poured into the Canal. In stubborn cases, the following astringent is to be employed:

℞ 2052 Argent. nitric., gr. xxiv.  
 Aqu. dest., ʒ v.  
 S. To be applied with a swab.

In parasitic inflammations, the fungoid membranes are to be removed by syringing, after which pure alcohol, or if this causes severe pain, alcohol diluted with water, is to be poured into the ear with a spoon and allowed to remain in the canal for 15 minutes. In the commencement, the alcohol is to be employed 2 times, daily; later, not so often.

### Otitis Externa Diphtheritica. Diphtheritic Inflammation of the External Auditory Canal.

℞ 2053 Aqu. Calcis., ʒ ij.  
 S. The External Auditory Canal is to be filled with the same.

The lime-water is allowed to remain in the ear for from 15 to 20 minutes, after which, the External Auditory Canal is washed out with the following:

℞ 2054 Acid. Boric., gr. xv.  
 Aqu. dest., ʒ iss.  
 S. Externally.

Hereupon the External Auditory Canal is filled with finely powdered Boracic Acid. If, notwithstanding, the employment of this treatment, the process still continues, the affected regions are to be swabbed with the following:

℞ 2055 Acid. Carbolic., gr. xvj.  
 Glycerin., ʒ ss.  
 S. To be applied with a swab.

In the same way, a 5-per-cent Carbo-Alcoholic solution may be employed, or the External Auditory Canal is to be filled with a 5-per-cent Boracic-Acid-Alcohol solution.



**Corpora Aliena in Meatu Auditorio. Foreign Bodies in the External Auditory Canal.** It must first be determined whether the foreign body is really present, and, if so, its size, form, consistency, and the exact place where it is lodged.

At first, injections of lukewarm water under considerable pressure are to be given with a large English syringe the nozzle of which is provided with a short piece of rubber tubing. If the foreign body consists of the cap (bone or metal) of a lead pencil, the syringe is not to be employed, nor when there is a perforation of the Tympanum. If a glass or steel bead has gained an entrance into the Canal, a thin, moist Laminaria tent is to be inserted and removed after the lapse of half an hour. If the desired object is not attained in this way, the foreign body is to be removed, if possible, with an instrument of such a form as will readily seize the same. Frequently, it becomes necessary to delay the employment of these procedures, especially when the body is deeply lodged and, through an inflammatory swelling of the External Auditory Canal, is rendered invisible. In such cases, cold applications are to be made, powdered Boracic Acid insufflated or a 5-per-cent Boracic-Acid Alcohol solution poured into the ear until the swelling has subsided. Soft bodies, such as beans, peas, or bodies of wood are best removed with a strong hook, bent as may be indicated, or a needle with the point bent at right angle. Hard bodies, such as gravel, glass beads, pieces of slate pencil, or cherry-stones are to be removed with a bent sound, or what is perhaps even better, a fenestrated curette. The ordinary forceps are to be avoided. In extreme cases, when foreboding symptoms are present, the Auricle and the posterior wall of the Cartilaginous Portion of the Canal are to be freed from their attachment and the body removed in this way. Live insects must first be killed by pouring oil into the Canal to which a few drops of Turpentine or Petroleum may be added to advantage, after which, they are to be removed by syringing.

**Polypi of the Ear.** These are to be removed by an operation either with the wire snare of Wilde or that of Blake or the ring-curette of Politzer. As an after-treatment, or from the very commencement in individuals who fear the knife, Spir.

Vin. Rectificat. is to be poured into the ear 2 or 3 times, daily. After the Auditory Canal has been thoroughly cleansed and dried, the alcohol is to be poured into the same and allowed to remain for from 15 to 30 minutes. If after the lapse of four weeks, no result is obtained, the Polypi are to be cauterized with Lunar Caustic or Chloride of Iron either in substance or in the form of the officinal solution. The applications of these caustics are to be repeated whenever the resulting eschars are shed. This form of cauterization is especially indicated in dense diffuse infiltrations filling the External Auditory Canal.

**Myringitis Acuta. Acute Inflammation of the Tympanic Membrane.** During the Stage of Reaction, the treatment is to be palliative (see Otitis Media Acuta). Abscesses, developing upon the Drum of the ear, are to be opened with the lance-pointed needle (an instrument about  $2\frac{1}{2}$  inches long bent at a right angle and provided with a double-cutting point). The technique of operating with this instrument is the same as in a Paracentesis of the Tympanic Cavity, differing only in so far that not all of the layers of the Tympanic Membrane are pierced. The head of the patient must be firmly fixed and the Tympanic Membrane brought into good view by means of a reflector, fastened to the forehead, with the aid of a short, broad speculum. The lance-shaped point of the needle is to be thrust into the Tympanum and withdrawn in such a way that the opening is still further enlarged. In inflammation of the deeper layers of the Tympanum, if severe pains are present, incisions into the drum are likewise to be made. In both cases, not more than half of the lance is to be introduced inasmuch as all of the different layers of the drum must not be pierced. If, after the cessation of all pain, the hearing becomes rapidly impaired, the Middle-Ear is to be inflated according to the method of Politzer. The patient takes some water in his mouth; a slightly curved tubular nasal-nozzle is then inserted into one nostril and attached by means of a short piece of India-rubber tubing to the end of a Politzer's air-bag (the size of two fists). After the wings of the nose have been pressed upon the nozzle in such a way as to exclude all air, the air-bag is compressed while the patient, at a given sign, swallows the water which he has been holding in his mouth.

**Otitis Media Acuta.** Acute Inflammation of the Middle-Ear. In the commencement, during the stage of irritation, the treatment is to be entirely palliative. If there is pronounced hyperæmia of the Drum, local bleeding by means of leeches applied immediately in front of the Tragus is indicated. Only when the pain is intense are leeches to be applied back of the ear or over the Mastoid.

(In strong adults, from 3 to 5 are to be applied; in weak patients, greatly reduced in strength, from 1 to 2; in children, for the most part, only one). Before the leeches are applied, the Meatus is to be plugged with cotton. If rapid depletion is desired, the Heurteloupe suction-syringe (artificial leech) is to be employed. For prolonged pain, interfering with sleep, the following is to be prescribed, internally:

R̄ 2056		R̄ 2057	
Morph. acetic.,	gr. ss.	Chloral. hydrat.,	gr. xxv.
Sacch. alb.,	ʒj.	Aqu. font.,	
M. f. pulv. div. in dos. æqu.		Syr. rub. Idæi.,	āā ʒ ss.
No. 6.		M. S. Half is to be taken at	
S. 2 or 3 powders are to be		night; if after half an hour,	
taken at night at intervals		sleep is not induced, the	
of an hour.	Or:	other half is to be taken.	

Cold applications are to be employed only with the greatest precaution. Whenever the pains increase, they are to be immediately suspended.

Moist, warm compresses will be found very efficacious:

R̄ 2058	Tinct. Opii. simpl.,	ʒ ss.
	Aqu. dest.,	ʒ vj.
S.	For saturating compresses.	

(A piece of linen is to be dipped into this solution and after being folded 2 or 3 times applied to the region of the ear. A piece of water-proof material is placed upon this and the whole covered with a dry towel. The application is to be made 3 or 4 times during the day.

The insertion in the Auditory Canal of a cotton tampon dipped in hot water and changed every hour, is frequently followed with excellent results.

In mild forms of inflammation, anodynes are to be rubbed about the region of the ear every 2 or 3 hours (see *Otitis Externa Circumscripta*) or the following is to be prescribed for the paroxysms of pain:

℞ 2059	Ol. Olivar.,	5 iiss.
	Morph. plitalic.,	gr. iij.
	M. S.	During an attack, a pledget of cotton, upon which 5 or 6 drops of this warmed solution has been poured, is to be inserted in the ear.

The following is to be used in the same way:

℞ 2060		℞ 2061	
Ol. Hyoscyam. press.,	3 iiss.	Cocain. mur.,	gr. viiss.
Extr. Opii (aquos),	gr. xii.	Aqu. dest.,	3 iiss.
S. Like the preceding.		S. Like the preceding.	

In addition to the employment of these remedies, there is to be a strict observance of hygienic rules.

During bad weather and during the cold seasons of the year, the patient is to keep to his room. Whenever there is fever, rest in bed is indicated.

℞ 2062	Acid. carbol.,	gr. xv.
	Glycerin.,	3 iiss.
	S.	To be poured in a lukewarm state into the External Auditory Canal.

A rigid diet is to be prescribed; alcoholics are to be forbidden. If there is Pharyngitis at the same time, the following gargle is to be employed:

℞ 2063	Decoct. Althææ.,	3 v.
	Alum. crup.,	3 j.
	Tinct. Opii simpl.,	gtt. xxv.
	M. S. Gargle.	

If, after the pains have ceased, deafness develops rapidly, inflations after the method of Politzer (see *Myringitis Acuta*) are to be given. In the commencement, especially in children, the air is to be blown into the Middle-Ear only with the mouth, or the air-bag is to be compressed with but moderate force. During the first part of the treatment, inflations are to take place, daily, then gradually less often until only one inflation is given each week.

If the Tympanic Membrane is arched forward, considerably, and the arched portion has a yellowish-green hue, but especially in the purulent form of *Otitis Media Acuta* accompanied with symptoms of accumulations of purulent matter in the Middle-Ear, a Paracentesis of the Drum must be performed (for the technique to be employed in performing the same, see *Myringitis Acuta*). All of the layers of the Tympanic Membrane are to be completely pierced, after which the External Auditory Meatus is to be filled several times during the day with warm water or the following, for the purpose of rendering the secretion fluid.

Rx 2064	Aqu. Opii.,	5 ij.
	Aqu. dest.,	5 vj.
	S. To be dropped into the ear.	

During the first few days after the performance of a Paracentesis, the External Auditory Canal is to be syringed with warm water (80 to 82° F.) in which a little Boracic Acid has been dissolved. For this purpose, a hard-rubber syringe having a short blunt nozzle and a capacity of about 1 1/2 ounces is to be employed. The syringing is to be repeated from one to every six hours according to the amount of secretion discharged. The secretion within the Tympanic Cavity is to be removed through Politzerisation (see *Myringitis Acuta*). Only, when the Eustachian Tube offers great resistance, is inflation to take place by means of the Eustachian catheter; in the commencement, there is to be only very gentle compression of the air-bag. If, after the lapse of several days, the inflations fail to accomplish anything, the medicinal treatment is to be commenced. Two or three grains of finely powdered Boracic Acid are placed in a quill or insufflator and blown into the ear as far

as the Tympanic Membrane, after which the External Auditory Canal is plugged with a piece of cotton. The Boracic Acid is allowed to remain in the Canal until the following day when the procedure is again repeated. This method of treatment is to be continued until the Boracic Acid is found to remain dry, after being in the ear for 2 or 3 days. If the amount of secretion is not reduced by the employment of these procedures, astringent solutions are to be dropped into the ear, but not, however, until the pains have completely subsided. Before the employment of these astringents, Politzerisation must take place after which the External Auditory Canal is to be carefully syringed and dried with a piece of absorbent cotton.

The following astringent is to be used:

Rx 2065	Zinc. Sulph.,	gr. v.
	Aqu. dest.,	℥j.
M. S.	Mornings and evenings, 10 to 15 drops of this warmed solution are to be poured into the ear and allowed to remain in the same for from 10 to 15 minutes.	

After the lapse of several days, if the amount of secretion is not greatly reduced, the following is to be prescribed:

Rx 2066	Plumb. Acetic.,	gr. v.
	Aqu. dest.,	℥j.
S.	Like the preceding.	

In stubborn acute suppuration of the Middle-Ear, warm water is to be injected through the Eustachian catheter into the same. This is especially indicated, when there are prolonged pains. Granulations upon the borders of the perforations are to be swabbed with Liquor Ferri Sesquichlorati.

If, in the course of the affection, inflammation of the Mastoid process sets in, during the commencement of the same, leeches or Heurteloupe's artificial leech are to be applied and cold compresses placed upon the Mastoid Region. When infiltration of the tissues begins to make its appearance by a distinct swelling of the parts, the Tincture of Iodine is to be applied with a brush or Unguentum. Ciner is to be rubbed over the area

involved. If the symptoms do not remit in several days, warm water is to be syringed into the Middle-Ear by means of the Eustachian catheter. If this procedure also fails, Wilde's incision is to be made. About  $1\frac{1}{2}$  centimeters (i.e.  $\frac{3}{5}$  of an inch) back of the attachment of the Auricle an incision is made through the skin and covering of the Mastoid Cells in such a way that the latter are exposed to view.

During the further course of the affection (after the cessation of the discharge and closure of the wound), inflations according to the method of Politzer (see heading *Myringitis Acuta*) are indicated for the purpose of improving the hearing. At first, the inflations are to take place daily, gradually, less frequently. If there is an excessive formation of epidermis in the External Auditory Canal, the accumulations are to be softened from time to time with the following:

Rx 2067	Natr. carbonic.,	gr. viij.
	Aqu. dest.,	3 ij.
	Glycerin.,	3 j.
	S. To be poured into the ear.	

Afterward, the crusts are to be removed by syringing. To prevent a relapse, the External Auditory Canal is to be kept constantly plugged with a piece of cotton whenever the weather is wet and cold. Steam baths, douches of the head and submerging in the bath are injurious.

**Otitis Media Catarrhalis. Catarrh of the Middle-Ear.** Prolonged systematic inflation, after the method of Prof. Politzer (see *Myringitis Acuta*), is indicated. The degree of compression of the air-bag is to be gradually increased from day to day. If the Eustachian Tube offers too great resistance to the passage of air into the Middle-Ear, the inflations are to be given with the Eustachian catheter. The inflations in the commencement are to take place each day; afterward, when a permanent improvement in the hearing takes places, they are to be given less often. If, notwithstanding a long treatment with inflations, the exudate is not absorbed or if the improvement in hearing, produced by inflation invariably disappears after a short time, the exudate is to be removed by the employment of



mechanical procedures. For the removal of exudates which are principally serous, the method recommended by Prof. Politzer is to be employed. The patient takes a little water in his mouth and flexes his head forward and a little toward the opposite side so that the Pharyngeal opening of the Eustachian Tube lies directly vertical to the opening of the tube in the Tympanic Cavity. The head is held in this position for 1 or 2 minutes, after which an inflation is given while the patient swallows the water. If the desired object is not attained by the employment of this procedure, especially, when the secretion is quite viscid and gelatinous, a Paracentesis (see Myringitis Acuta) is to be performed. After its performance 3 or 4 strong inflations after the method of Politzer are to be given. If the Tuba Eustachii offers great resistance or if there is paralysis of the Palatal muscles, inflations are to be given with the Eustachian catheter. In a few rare cases, the secretion is more readily removed by vigorously blowing the nose or by the method of Valsalva. The patient makes a forcible expiration while the mouth is kept tightly shut and the nose held closed with the fingers.

If the secretions are not forced into the External Auditory Canal by the employment of this method, rarefaction of the air in the External Auditory Canal is indicated. The olive-shaped bulb of an auscultating tube is inserted by the patient into the External Auditory Canal in such a way as to exclude all air. At the other end of the tube, the nozzle of a small ear-syringe is inserted. The piston of the syringe is drawn back slowly. The secretion is then removed from the canal with pledgets of cotton held in the blades of Wilde's ear-forceps. Tenacious mucus is to be seized directly with the forceps. The secretion is to be washed out with water, only, when it is impossible to remove the same in any other way. After the employment of these procedures, the Canal is to be tamponed with a piece of absorbent cotton. Laborious work, stimulating beverages, sudden changes of temperatures, or a stay or occupation in smoky or moist quarters are to be avoided. In order to prevent relapses, the inflations are to be continued for several months. In the commencement, they are to be given 2 or 3 times weekly; later every 8 to 14 days.



If after a Paracentesis, there is a cessation of the discharge but no diminution of the swelling of the Eustachian Tube, notwithstanding the employment of inflations, the treatment with the vapors of the Chloride of Ammonium either with the apparatus of Trœltzsch or Gomperz is in order. This is to be alternated with inflations. Frequently, excellent results are obtained by this method of treatment. Even more efficacious at times are injections of salty solutions. For instance:

℞ 2068 Natrii bicarbon.  
Glycerin., āā 3 ss.  
Aqu. dest., 3 iiss.  
S. 3 to 6 drops are to be injected per tubam.

Occasionally, Prof. Politzer employs, for the same purpose, the vapors of Turpentine or of the following:

R 2068 (a) Ol. Pini. Ether., 3 ss.  
S. Externally.

(The vapors of these oils are to be aspirated with the bag used in giving the inflations by placing the nozzle of the bag into the opening of the bottle and gradually relaxing the hand compressing the bag).

Injections of astringent solutions are also indicated when the mucous membrane is continually swollen.

R 2068 (b) Zinc. Sulph., gr. iij.  
 Aqu. dest., 3 iiss.

S. From 8 to 10 drops are to be injected with a small syringe into the Eustachian Tube and then forced into the Tympanic Cavity with the air-bag. This procedure is only to be employed when it can be alternated with inflations of air.

When there is an excessive swelling of the mucous membrane of the Eustachian Tubes and inflation is impossible or difficult, a sound made of cat-gut and impregnated with a concentrated solution of Nitrate of Silver (which is allowed to dry before being introduced) is to be inserted through the catheter into the tube and allowed to remain from 5 to 10 minutes,

The treatment of the Middle-Ear disease must not be prolonged beyond 3 to 5 weeks after which time there is to be a pause of from 3 to 6 weeks. As an after-treatment, inflations by Politzer's method 2 or 3 times, weekly, for from 3 to 4 weeks are advisable; after which there is to be a pause of from 1 to 3 months.

As regards the hygienic treatment, fresh air is indicated and as much out-door life as possible when the weather is favorable. The dwelling apartments are to be ventilated as thoroughly as possible. The drinking of stimulating beverages is to be allowed only in the smallest quantities. Lukewarm baths are advisable and in summer, a sojourn in a mountainous region. To scrophulous patients Ischl, Kreuznach, Hall, etc. may be highly recommended; to anæmic individuals, Franzensbad, Marienbad, Spaa, Pyrmont, etc.; to syphilitics, Hall, Lipik, Iwonicz, Baden near Vienna, Pistyan in Hungaria, etc.

The influence which affections of the Naso-Pharynx have upon a Catarrh of the Middle-Ear must be constantly borne in mind.

In acute tumefaction of the mucous membrane of the Naso-Pharynx, a hygienic treatment will suffice. Sudden changes of temperature are to be avoided as are also smoky or moist localities and alcoholic beverages. In Chronic Nasal Catarrh, accompanying a catarrh of the Middle-Ear, medicated solutions are to be poured from a boat-shaped vessel into the nostrils while the head of the patient is flexed backward. As soon as the patient becomes conscious of the presence of the solution in the Pharynx, he is to bend his head forward so that the fluid will be discharged from the nostrils. The nose must not be blown for a quarter of an hour after one of these nasal douches has been taken. Concentrated solutions of salt are usually employed or the diluted saline solutions from Ischl, or Kreuznach which are especially indicated in scrophulous individuals. If the secretion is very purulent, the following are to be used:

℞ 2069

Acid Tannic.,	gr. xlvijj.
Quinin. Sulph.,	gr. iss.
Aqu. dest.,	℥j.
M. S. To be poured into the	
ear, warm,	

Or:

℞ 2070

Acid. Tannic.,	gr. xlvijj.
Acid. salicylic.,	gr. v.
Aqu. dest.,	℥j.
M. S. Like the former.	

When these agents fail, the following may also be tried in adults:

℞ 2071 Zinc. Sulph., gr. j.  
 Aqu. dest., ʒ x.  
 S. To be poured into the ear.

In some cases, the following is attended with excellent results

℞ 2072 Alum. crud., gr. xvj.  
 Aqu. dest., ʒ j.  
 S. For syringing the nose.

In Chronic Muco-Purulent Catarrh, accompanied with Ozæna, solutions of Carbolic Acid, or the remedy prescribed by Stærk, are to be employed:

℞ 2073 Natr. salicylic.,  
 Natr. bicarbon.,  
 Natr. chlorat., āā ʒ ij.  
 Aqu. dest., ʒ v.  
 S. Externally.

When there are accumulations of mucus or crusts, lukewarm nasal douches are to be given. While these are being administered, care must be taken that the nozzle of the syringe is not inserted in such a way as to completely exclude the entrance of air into the nostrils, that it points directly toward the back of the nose, and that the head is held erect in its normal position. If, after a treatment of several weeks with these douches and injections, there is no apparent improvement, a ten-per-cent solution of the Nitrate of Silver is to be applied upon the Nasopharyngeal mucous membrane either with a brush, a swab, or with tampons of absorbent cotton. The latter are to be introduced as far as the middle of the nostrils and after the nostrils have been plugged with dry cotton squeezed dry by compressing the nose itself. After the application of the Nitrate of Silver, a lukewarm solution of cooking-salt is to be injected into the nostrils for the purpose of lessening the pain. These applications are to be repeated from 2 to 3 times per week.

If there is a concomitant Pharyngitis, astringent gargles are also to be employed. If the mucous membranes are very much relaxed they are to be swabbed with Nitrate of Silver, Tincture of Iodine, or Tincture Opii Crocata. Granulations are to be cauterized with the Nitrate of Silver in substance, with Liquor Ferri Sesquichlorati, or Chromic Acid.

**Otitis Media Sclerotica. Chronic Sclerotic Catarrh of the Middle-Ear.** The first indications are inflations after the method of Prof. Politzer or, if this is not possible on account of swelling and narrowing of the Eustachian Tube, inflation with the assistance of the Eustachian catheter. Neither one of these procedures must be employed more than once in 2 or 3 days. For the purpose of loosening and producing a greater distensibility of the mucous membrane lining the Middle-Ear, it is advisable to inject mild stimulating solutions such as the following:

℞ 2074	Natr. bicarbonic.,	gr. vj.
	Aqu. dest.,	3 ij.
	Glycerin.,	3 ss.

M. S. 6 to 8 drops of the warmed solution are to be injected. (For the technique employed in giving these injections see remarks following ℞ 2068 (a) ).

In syphilitic aural affections, the following is to be employed in the same way:

℞ 2075	Kal. Iodat.,	gr. vj.
	Aqu. dest.,	3 ij.

S. For injections into the Middle-Ear.

The injections are to be alternated with inflations with the air-bag at intervals of a day during which time there is to be no local treatment of any kind. Frequently, the treatment is measurably influenced by rarefying the air in the External Auditory Canal immediately after an inflation has been given after the method of Politzer or with the Eustachian catheter. The air in the External Auditory Canal is rarified by inserting the nozzle of a small air-bag (which is tightly compressed with

the hand) into the canal in such a way as to exclude the entrance of all air and then gradually allowing the air bag to distend. The treatment of a Sclerosis of the Middle-Ear is only to be continued as long as there is an improvement in the range of hearing. It is advisable as an after-treatment to give from time to time inflations by themselves or inflations alternated with injections. Lukewarm baths when taken during a local treatment often prove beneficial but diving and douching are to be forbidden. For the subjective ringing of the ears, inflations after the method of Politzer or with the catheter alternated with a rarefying of the air in the External Auditory Canal, are to be employed. Sometimes, when this form of treatment fails, stimulating vapors such as those of Ether, Chloroform, or the following prove effective:

℞ 2076 Ether. Sulph., 3 iss.  
 Lique. anæsthetic. Hollandic., 3j.  
 S. The vapors of the mixture are to be driven into the Middle-Ear, with the assistance of the catheter and air-bag.

In Tinnitus Aurium or a recent date (if the same is very annoying), vesicants are to be applied over the Mastoid Process. The following are indicated when the ringing increases slowly:

℞ 2077 Spir. aromat., Spir. Sinapis,           āā 3j. S. 20 drops are to be rubbed back of the ear.           Or:	℞ 2078 Spir. Formicar., Bals. vitæ., Hoffmanni, āā 3j. S. To be used like the pre- ceeding.
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For the severe paroxysmal increase of the Tinnitus Aurium, a flying blister is to be applied upon the Mastoid Process. After the Corium has been exposed, the denuded surface is to be covered with Ungu. Autenriethii or Ungu. Mezerei.

The External applications of narcotics may be tried, if the previously mentioned remedies fail:

- ℞ 2079 Glycerin., ʒ iiss.  
 Extr. Opii (aquos), gr. vj.  
           (or Morph. acetic., gr. iij.)  
 M. tere exactissime.  
 S. 8 to 10 drops are to be rubbed over the tissue,  
           back of the ear. Or:

- |   |  |
|---|--|
| ℞ 2080<br>Ol. Olivar.,<br>Chloroform.,           āā ʒ ij.<br>S. Like the preceding. | ℞ 2081<br>Glycerin. pur.,           ʒ ij.<br>Tinct. Belladonnæ.,   ʒ j.<br>S. 8 to 10 drops are to be<br>rubbed back of the ear. |
|---|--|

If Tinnitus Aurium occurs in paroxysms of such an intense character as to render the patient miserable for the time being and all other remedies fail, Morphium may be given hypodermically. The following, which is to be applied upon the walls of the External Auditory Canal, may also be tried:

- |   |  |
|---|--|
| ℞ 2082<br>Tinct. Ambrae.,           ʒ j.<br>Ether. Sulph.,           ʒ ss.<br>Glycerin. pur.,           ʒ vj.<br>S. To be applied with a brush. | Or:<br>℞ 2083<br>Tinct. Valerian.,           ʒ j.<br>Ether. Sulph.,           ʒ j.<br>Glycerin. pur.,           ʒ v.<br>S. To be applied with a brush. |
|---|--|

Of the internal medicaments, the most is to be expected from the following:

- ℞ 2084 Kal. bromat., ʒ iiss.  
           Div. in dos. æqu. No. 10.  
 S. 1 or 2 powders are to be taken in water, morn-  
       ing and evening.

For the subjective ringing, accompanying affections of the ear in Syphilitics, the Iodide of Potassium, is to be prescribed in doses from  $7\frac{1}{2}$  to 15 grains pro die.

The action of the Iodide of Potassium is increased when ointments containing preparations of Iodine such as the following are applied upon the Mastoid Process:

## R 2085

Kal. iodat.,                    ʒ ss.  
 Iodi. pur.,                    gr. iss.  
 Ungu. emoll.,                ʒ v.  
 S. To be rubbed upon the  
 Mastoid Process, daily. Or:

## R 2086

Iodoform. pur. (or Iodol.),  
    gr. xij.  
 Ungu. emoll.,                ʒ v.  
 Ol. Menth. pip.,            gtt. x.  
 S. As an ointment.

In Stenoses of the Eustachian Tubes, repeated inflations are advisable. If the desired results are not obtained with inflations, Bougies are to be introduced. These are either to be the French Bougies or if the strictures are very dense, those of whalebone or celloidin (manufactured by Leiter in Vienna). In strictures of a moderate grade, in which a rapid dilatation is desired, cat-gut bougies are to be employed. The bougies are introduced through the Eustachian catheter which should be of but moderate length and provided with a strongly curved beak. The bougies are to be allowed to remain in situ from 5 to 10 minutes.

In Sclerosis of the Middle-Ear and also in the Secretory Catarrh of the Middle-Ear any constitutional disease as well as affection of the nasal or pharyngeal mucous membrane which may be present is to be treated simultaneously. If the hearing becomes rapidly worse or sudden deafness sets in, every form of bodily or mental excitement, indulgence in alcohol as well as smoking are to be forbidden. Internally, large doses of the Iodide of Potassium are to be taken in quantities as large as 15 grains per day. When there is Cerebral Congestion, cathartics are to be prescribed, vesicants applied to the Mastoid Process, and the exposed Corium afterward covered with the following:

R 2087    Veratrin.,    gr. v.  
             Ungu. simpl.,                                   ʒ v.  
             S. Ointment.

Furthermore:

R 2088    Ether. Sulph.,                                        ʒ ss.  
             Glycerin.,                                        ʒ v.  
             S. The walls of the External Auditory Canal are  
             to be swabbed with the same, or a tampon of cotton  
             is to be saturated and inserted into the canal.



If, after the lapse of eight days, the former hearing is not restored, the galvanic current is to be employed.

**Otitis Media Suppurativa Sive Perforativa Chronica. Chronic Purulent Inflammation of the Middle-Ear.** As regards the general treatment, hygienic procedures, the administration of baths, etc., what has been said upon these subjects under *Otitis Media Catarrhalis* is also applicable here. The secretion is to be removed from the Middle-Ear by inflations, after the method of Politzer; or, if great resistance is met with in the Middle-Ear, by inflations with the assistance of the Eustachian catheter. If the opening of the perforation is situated in the anterior lower quadrant of the Tympanic Membrane, or if for other reasons the previously mentioned procedures can not be employed, a current of air is to be forced through the perforation into the Middle-Ear by inserting into the External Auditory Canal a small rubber tube as far as the perforation or through the same. The edge of the end of this rubber tube must be smooth and well trimmed in order that no injury may be done to the ear. The tube must fit tightly to the nozzle of the air-bag. Care must be taken that the tube is directed backward and upward while the pressure is made upon the balloon. In addition to the inflations just mentioned, the External Auditory Canal is to be syringed while the patient holds his head flexed firmly forward. The syringing in the commencement must be done with great care and only under moderate pressure. The fluid used for syringing is to be pure warm water or a solution of warm water and Boracic Acid (from 2 to 3 grains of Boracic Acid to a pint of water). If the discharge has an offensive odor, one of the following solutions are to be employed:

℞ 2089	Acid. salicylic.,	℥ ij.
	Spir. vin. rectific.,	℥ iiss.
	S. 1 teaspoonful is to be added to the water used for syringing.	

Likewise:

℞ 2090	
Kal. hypermangan.,	℥ ij.
Aqu. dest.,	℥ v.
S. Like the preceding.	

Furthermore:

℞ 2091	
Creolin pur.,	℥ ss.
S. 10 drops to half a pint of warm water	



If the odor of this discharge remains permanently offensive, disinfecting injections of a 2- to 3-per-cent Carbolic-Acid solutions or Corrosive-Sublimate solutions (1 to 2000) are to be employed. If there is a profuse blennorrhoeic discharge, water, to which from 4 to 5 drops of *Oleum Terebinthin.* is added to each pint, is to be injected into the External Auditory Canal.

After syringing, or if the injections are not well borne, in place of the same, the External Auditory Canal is to be dried or cleansed, as the case may be, with a piece of absorbent cotton held in the blades of an ordinary ear-forceps or the Burkhardt-Merian cotton-holder. Before the injections are administered, tenacious masses of mucus must be first softened by pouring warm water or a solution of the Bicarbonate of Soda into the ear, or loosened from the underlying tissue with a probe-pointed sound. For the purpose of removing granular secretions or secretions which have dried into crusts, a smooth rubber tube, having the calibre of about a sixth of an inch (the edges of the free end of which have been well rounded), is to be attached to the nozzle of a syringe and, before injections are given, inserted three-fourth of an inch into the External Auditory Canal. If the External Auditory Canal is very much narrowed, in place of the rubber tube, a small elastic Middle-Ear canula is to be employed. The Tympanic Cavity may be syringed with a Middle-Ear syringe or a hard-rubber canula which is attached to a syringe and passed through the perforation in the Drum.

If the External Auditory Canal is constricted, or if for other reasons the perforation in the Tympanic Membrane is not visible, the injections are to be given *per tubam*.

In recent times, medicinal preparations have been employed locally, to suppress the suppuration attending a chronic Middle-Ear affection. Of these, the most valuable is the finely powdered Boracic Acid (employed in the manner mentioned under *Otitis Media Acuta*). Before the Boracic Acid is insufflated, whatever secretion may be present must be first removed. In the commencement, the powder is insufflated from one to two times, daily. Later, as the amount of secretion becomes less, the insufflations are not given so frequently. During the first few days after the cessation of secretion, the powdered Boracic Acid must

not be washed out with a syringe. If the discharge has an offensive odor, before the Boracic Acid is employed, the Tympanic Cavity is to be syringed with a 2- or 3-per-cent Carbolic-Acid or Corrosive-Sublimate solution (1:2000 or 3000). If a treatment for several weeks with Boracic Acid fails to accomplish anything, likewise, in the granular form of Middle-Ear affections, the treatment with alcohol is to be tried (in the latter affection even from the very commencement). After the secretion has been entirely removed by syringing and the External Auditory Canal has been thoroughly dried by inserting tampons of absorbent cotton, a teaspoonful of warm alcohol is poured into the ear while the patient holds his head flexed upon the opposite side. This is allowed to remain in the ear from ten to fifteen minutes. If the pure alcohol causes severe burning, it is to be diluted with equal parts of distilled water. This procedure is to be repeated from one to three times, daily, according to the amount of the discharge. If the Boracic Acid and treatment with alcohol fail, antiseptics are to be employed. These are also to be used to disinfect the discharge when it has an offensive odor:

℞ 2092	Acid. carbolic.,	gr. xvj.
	Spir. vin. rectificat.,	
	Aqu. dest.,	āā ʒ ss.
	S. 15 to 20 drops are to be poured into the ear.	

It may be advisable to employ stronger solutions, even as much as 8-per-cent solutions.

In some cases, pulverized Benzoic Acid is very effective.

If both the antiseptic and alcoholic treatment fail, the treatment with caustics is to be tried. After the Tympanic Cavity has been thoroughly cleansed from 15 to 20 drops of a lukewarm 6- to 10-per-cent solution of the Nitrate of Silver is poured into the External Auditory Canal with a glass or horn spoon while the head is flexed upon the shoulder. The solution is allowed to remain from one to two minutes in the Canal, after which it is washed out by springing with lukewarm water. The regions surrounding the External Auditory Meatus are to be

washed with a weak Iodide-of-Potassium solution. If there is a feeling of burning or scrapiness in the Pharynx, 1 or 2 tablespoonfuls of warm salt water are to be poured into the nostrils.

If every one of the procedures, just mentioned, fail, and also in those cases in which the perforations are very small, one of the following solutions are to be dropped into the ear:

### R 2093

Zinc. Sulph., gr. iij. to vj.  
(Or Plum. acet., gr. iij. to vj.)  
Aqu. dest., ʒ v.  
S. To be dropped into the ear.

### R 2093 (a)

Cupr. Sulph., gr. iss.  
Aqu. dest., ʒ v.  
S. To be dropped into the ear.

Also, the following:

### R 2094

Merc. sublim. corros., gr. j.  
Aqu. dest., ʒ ij.  
S. A few drops are to be poured into the ear.

### R 2095

Iodol. pur., gr. xv.  
Spir. vin. rectificat., ʒ v.  
S. 15 drops are to be poured into the ear.

R 2096 Resorcin., gr. xv.  
Spir. vin. rectificat., ʒ v.  
S. To be used like the preceding.

If the perforation is quite large, instead of dropping the solution, just mentioned, into the ear, powdered alum is to be blown into the Tympanic Cavity with an insufflator, after which a tampon of absorbent cotton impregnated with the same is to be shoved with the ear-forceps through the External Auditory Meatus as far as the internal wall of the Tympanic Cavity. In stubborn cases of discharges of the Middle-Ear, especially when there is a profuse blennorrhœic secretion or when the proliferating mucous membrane crowds itself through the perforation into the External Auditory Canal, as well as when there is a stenosis of the External Auditory Canal, the Middle-Ear is to be washed out through the Eustachian Tube with warm water to which a small quantity of Boracic Acid has been added. When there are larger granulations upon the Promontorium, the treatment with alcohol, previously mentioned, is to be employed

from three to four times, daily; the alcohol being allowed to remain at least half an hour in the ear. If this treatment fails or in case of circumscribed granulations upon areas which may be readily reached, cauterization with the galvano-cautery, Nitrate of Silver, or with dissolved or crystallized Chloride of Iron is advisable. These cauterizations are not to be repeated until the resulting eschar has been shed. In scrophulous and syphilitic individuals, in addition to a general constitutional treatment, the employment of preparations of Iodine, externally, is advisable. If the Mastoid Process is inflamed and painful, the following is to be prescribed:

### Rx 2097

Iodoform.,		
Ol. Fœnicul.,	āā	3 ss.
Vaselin.,		3 v.
S. To be rubbed into the		
tissues over the Mastoid		
Process.		

Likewise:

### Rx 2098

Iodol. pur.,		
Ol. Origan.,	āā	5 ss.
Ungu. emoll.,		5 v.
S. Like the preceding.		

For the disturbances in hearing which develop during suppurative affections of the Middle-Ear, inflations, two or three times, weekly, are to be employed. After the lapse of from four to five weeks, they are to be suspended for intervals of from two to three weeks. If the discharge is not very profuse, the inflations are to be given more frequently. Rarefying the air in the External Auditory Canal (see Otitis Media Catarrhalis) is frequently very effective, especially in those cases where it is impossible to inflate either through the nostrils or Eustachian Tube. If no improvement in hearing follows after the employment of these local forms of treatment, especially after suppuration from the Middle-Ear has ceased, an artificial drum is to be introduced (that of Hassenstein is the best; but it is not to be used in children, or when its introduction causes severe dizziness or sets up a fresh suppurative process). During the first four or five days, the artificial drum is to be worn only half an hour during the day. After each four or five days, it is to be worn half an hour longer until the maximum time of from six to eight hours is reached.

**Otalgia Nervosa. Neuralgia of the Ear.** If there are carious teeth, they are to be extracted. In Otalgia of a recent date, Quin. Sulph. (gr. 3 to 5) is to be given three times, daily.

Or:

℞ 2099 Quinin. Sulph., gr. xvij.  
 Kal. iodat., gr. xxxvj.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 6.  
 S. 1 powder, 2 times, daily.

In the chronic forms, Quinine and the Iodide of Potash is to be prescribed; to anæmic individuals, Quinine and Iron, or Meglin's pills:

℞ 2100 Zinc. oxydat.,  
 Rad. Valerian.,  
 Extr. Hyoscyam. nigr., āā ʒ iiss.  
 Pulv. et extr. Liquir. āā q. s. ut fiant pill. No. 100.  
 S. From 1 pill per day, the dose is to be gradually increased to 30, after which it is to be reduced in the same way (Meglin's Pills).

Recently, the following which has been recommended by Gomperz, has been employed with excellent results:

℞ 2101 Antipyrin., gr. xxiv.  
 Div. in dos. æqu. No. 3.  
 S. 2 powders are to be taken in water at one time; after an hour, the third.

Externally, salves containing Morphia and Vesicants may be applied. Galvanization (frequently very effective) is also to be tried; the positive pole being placed upon the ear and the negative upon the nape of the neck. Massage also frequently affords relief.

**Hyperæmia Labyrinthi. Hyperæmia of the Labyrinth.** When the vessels of the Malleus are injected and there is an absence of symptoms pointing to congestion of the brain, depletion through applications upon the Mastoid Process of volatile agents such as the following is indicated:

- ℞ 2102 Spir. aromat.,  
 Spir. Formicar.,  
 Spir. Sinapis.,                   āā   ℥j.  
 S. 1 teaspoonful every hour is to be rubbed into  
 the tissues over the Mastoid Process.

In stubborn cases, flying blisters are to be applied upon the Mastoid Process and afterward the Corium, exposed by the action of the vesicant, is to be covered with Unguent. Tartar. Stibiat. When there are symptoms of congestion of the brain, cold compresses or Leiter's Metallic Coil are to be applied upon the head. Hot foot-baths are also to be given, or depletion is to be brought about through the intestines or through local bleeding upon the Processus Mastoideus as the urgency of the case may demand. Relapses in individuals predisposed to cerebral congestions are to be avoided through the employment of hygienic procedures, a regular mode of life, a readily digested diet, the administration of bitter waters when there is constipation, and cold hydropathic procedures. The latter are often of the greatest benefit to the patient.

**Syphilis Labyrinthi. Syphilitic Processes of the Middle-Ear.** In the beginning of the treatment, the following is to be prescribed:

- ℞ 2103 Pilocarpin. mur.,                   gr. iij.  
 Aqu. dest.,                                 ℥iiss.  
 S. From 4 to 12 drops are to be injected, daily,  
 with a hypodermic-syringe; at first 4 drops are  
 to be injected, after which, the dose is to be  
 gradually increased until 12 drops per day is  
 reached.

If, after the lapse of from eight to fourteen days, no improvement is apparent, preparations of Iodine or Mercury are to be employed in addition to injections of an Iodide-of-Potash solution into the Tympanic Cavity and inunctions of Iodoform, Iodol, or Mercurial Ointment back of the ear.

**Paresis et Paralysis Nervi Acustici. Paresis and Paralysis of the Auditory Nerve.** When the affection is of a recent date, rest in a quiet room is advisable, also depletion through the intestines, foot-baths containing counter-irritants, and application of vesicants upon the Mastoid Process followed with ointments containing counter-irritants. The latter are to be spread over the exposed Corium. The Iodide of Potash in doses of 8 grains pro die is likewise advisable, as are also tampons saturated in Ether before being inserted in the External Auditory Canal. If the affection continues for several weeks, a vesicant is to be applied upon the exposed Corium of the skin covering the Mastoid Process:

℞ 2104	Strychnin. nitric.,	.1 grams.
	Glycerin.,	10.0 "
S. From 4 to 6 drops are to be rubbed into the tissue back of the ear.		

Internally, the Iodide of Potash is to be prescribed. If the subjective ringing of the ears is not present, the following is to be tried:

℞ 2105	Strychnin. nitric.,	.07 grams.
	Aqu. dest.,	10.00 "
S. 3 to 5 drops, 3 times, daily.		

Locally, the following:

℞ 2106	Ether. Sulph.	5 v.
	(Ammon. pur. liquid.,	5 ss.)
S. The vapors are to be driven into the Tampanic Cavity by means of the Eustachian catheter.		

Finally, galvanization is to be employed, the Cathode being placed upon some indifferent point, and the Anode either upon the lobule of the ear or the border of the External Auditory Meatus.





# DISEASES OF THE TEETH

FROM THE

CLINIC AND AMBULATORIUM

CONDUCTED BY

JULIUS SCHEFF, Jr., D.D.S.

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**Agents Employed for Cleansing the Teeth.** When the teeth are sound and healthy, the natural cleansing agents are the best—namely, water and the brush. Ordinarily, the latter should be stiff, but for brushing the milk-teeth a brush only moderately stiff should be used. The cleansing should take place at least two times a day, morning and evening, but a better precept to follow is to cleanse the teeth after each meal. The teeth should be brushed not only in a horizontal direction but the upper teeth from above downward and the lower from below upward as well. The gums should always be brushed as well as the teeth.

The artificial cleansing agents, when employed at all, should only be used occasionally—not more than 2 or 3 times during the week—in children, they should never be employed. For the most part they are prescribed for in the form of a powders. *Pulvis Subtilissimus* should always be noted upon the prescription. Among the most efficient preparations for cleansing the teeth are the tooth-soaps of which only the hard soaps (*Sodium soaps*) should be employed such as *Sapo Albus* and *Sapo Amygdalinus*.

℞ 2107 Sapon. amygdalin.,  
Magnes. carbon.,                   āā   3 vj.  
Pulv. rad. Ir. flor.               3 ij.  
Carmin. pur.,                     gr. v.  
Misce exactissime.  
Fiat pulv. subtilissim.  
S. Tooth-powder.

The following is the *Pulvis Dentifricius Albus* of the Austrian Pharmacopœa:

℞ 2108 Puly. rad. Ir. flor.,  
 Magnes. carbon., āā 3 ij.  
 Calc. carbon., 3 ij.  
 Ol. Menth. pip. in paux. Spir. vin. solut., gtt. v.  
 M. f. pulv. subtilissim.  
 S. Tooth-powder.

Heider's tooth-powder may be highly recommended:

℞ 2109 Pulv. Oss. Sep., 3j.  
 Pulv. rad. Ir. flor.,  
 Pulv. Magn. carbon., āā 3j.  
 Ol. Menth. pip., gtt. iv.  
 Misce f. pulv. subtilissim.  
 S. Tooth-powder (Heider).

Another tooth-powder, highly recommended by Scheff, jr., is the following:

℞ 2110 Pulv. Oss. Sepiæ., 20 gram.  
 Pulv. Ir. flor., 5 "  
 Quinolin. tartar., .5 "  
 Sapon. venet., 2 "  
 M. f. pulv. subtilissim.  
 S. Tooth-powder.

Carbon (*Carbo Ligni, Tiliæ, Animalis, Panis*) is one of the most injurious agents for cleansing the teeth. It is not only deleterious to the teeth upon the neck of which it causes wedge-shaped defects but is also injurious to the gums. The same applies to burnt crusts of bread, cigar ashes, etc. The following are the most popular tooth-pastes:

℞ 2111		℞ 2112	
Pulv. Oss, Sepiæ.,	20 gm.	Cret. alb.,	22 gm.
Quinolin. tartar.,	.5 "	Sapon. med.,	7 "
Sapon. venet.,	5 "	Alum. crud.,	2 "
Carmin. rubr.,	.05 "	Ol. Menth. pip.,	1 "
Ol. Menth. pip.,	gtt. iiij.	Spir. vin. q. s. ut f. Massa	
S. Tooth-paste (Scheff, jr.)		saponiform.	
		S. Tooth-paste (Bausmann).	

As mouth-washes, astringent and antiseptic solutions are employed to the best advantage, for instance:

R 2113	Kal. chloric.,	gr. xxiv.
	Aqu. font.,	3 v.
	Aqu. Menth. pip.,	3 ss.
	S. Mouth-wash.	

R 2114 Alcohol. absol., ʒ iss.  
Acid. carbolic., gr. ivss.  
Ol. Menth. pip., gtt. viij.

S. After every meal, a few drops are to be poured upon the brush and the teeth brushed with the same.

R 2115	Quinolin. tartaric.,	1	gram.
	Aqu. dest.,	150	"
	Spir. vin. rectific.,	30	"
	Coccionell. alcoh.,	.5	"
	Solut. filtr. adde:		
	Ol. Menth. pip.,	gtt. 4.	

S. For rinsing the mouth—1 teaspoonful is to be added to 1/2 glass of water (Scheff, jr.).

R 2116	
Alum. crud.,	2 gm.
Tinct. Pyrethr.,	1 "
Aqu. dest.,	
Aqu. Cochlear., āā	100 gm.
S. Mouth-wash.	

℞ 2117  
Natr. boracic., 2 gm.  
Aqu. dest.,  
Aqu. Salviæ, āā 100 gm.  
S. Mouth-wash.

**Pulpitis.** Inflammation of the Nerve Filaments of the Pulp of the Teeth. **Odontalgia.** Toothache. With the exception of Carbolic Acid and Arsenic Paste, there is scarcely any medicine which will entirely allay toothache resulting from a Pulpitis. Occasionally, relief from extreme pain is afforded by one of the following medicaments. After the cavity of the tooth has been thoroughly dried with a piece of absorbent cotton they are applied immediately upon the painful part of the tooth—i. e. upon the exposed pulp.

## R 2118

Tinct. Opii simpl.,      ʒ ij.  
 Morph. muriat.,      gr. ivss.  
 S. A few drops are to be placed  
 upon a piece of absorbent  
 cotton, and inserted into the  
 cavity of the tooth.

## R 2119

Morph. mur.,      gr. ivss.  
 Spir. vin. rectific.,      ʒ j.  
 Chloroform.,      ʒ v.  
 S. To be used like the pre-  
 ceding.

## R 2120

Cresot.,      gtt. iv.  
 Opii pur.,      gr. iij.  
 Gumm. Mimos. q. s. ut f. pill. No. 6.  
 S. 1 pill is to be placed in the painful cavity.

In addition to these preparations, Tannic Acid, Oil of Cloves, Camphor, Chloralhydrate, Rad. Pyrethr., Ol. Terebinth., Alcohol, etc. may also be employed.

The most readily obtained as well as most effective remedies, however, are Carbolic and Arsenious Acids. The Carbolic Acid is usually employed in the following way: The cavity of the tooth is first dried with pledgets of cotton after which a pledget of cotton which has been dipped into concentrated Carbolic Acid and then pressed out is placed upon the painful area. Dry cotton is placed over this until the cavity of the tooth is completely filled. A tooth-resin is placed over the whole. To prevent the flow of saliva from coming in contact with the tooth, it is advisable to put on a coffer-dam. Either of the following tooth-resins are usually employed:

## R 2121

Sandaracc.,      ʒ ij.  
 Alcohol.,      ʒ ss.  
 S. Tooth-resin.

## R 2122

Mastich.,      ʒ ij.  
 Ether. Sulph.,      ʒ ss.  
 S. Tooth-resin.

This procedure is to be repeated after the lapse of 24 hours providing the pain does not cease. If the pain does not subside after the repeated employment of the Carbolic Acid, Arsenic Paste must be employed (this is the so-called killing of the nerve). The paste is prescribed for as follows:

## R 2123

Acid. arsenicos., gr. v.  
 Morph. mur., gr. xv.  
 Creosot. q. s. ut f. pasta.  
 S. Arsenic-paste.

Or:

## R 2124

Acid. arsenicos., gr. v.  
 Morph. mur., gr. xv.  
 Ol. Caryophyll.,  
 Tann. glycer., āā gr. v.  
 Creosot. q. s. ut f. pasta.  
 S. Paste.

A quantity of one of these pastes as large as the head of a pin is stirred in a little Carbolic Acid. In this diluted paste, a pledget of cotton is dipped, and, after the cavity of the tooth has been dried by putting on a coffer-dam, is placed upon the painful spot. The cavity is then sealed by filling it with dry absorbent cotton and covering the whole with one of the previously mentioned tooth-resins (R 2121, 2122). After the lapse of 24 hours, the paste is to be removed when it may be determined by syringing the cavity with cold water whether the sensitiveness has subsided. If the Arsenic Paste fails to afford relief nothing remains but to extract the painful tooth.

**Periodontitis. Inflammation of the Lining Membrane of the Socket of the Tooth.** In the commencement, when the pain is not intense and there is chiefly a sensation of increased length of the tooth (first stage), the employment of cold applications in the form of frequently changed compresses and cracked ice internally is indicated. Painting the gums of the diseased tooth and the surrounding tissue, two times during the day, with Tincture of Iodine with a camel-hair brush is also frequently followed with excellent results. (After the gums have been painted, a piece of cotton is to be placed between the gum and the Buccal Mucous Membrane. This is to be allowed to remain until it falls out spontaneously. Patient must not rinse his mouth.) If this treatment fails and great pain and fever develop and the tooth appears to become lengthened and loosened (second stage), warm applications are to be employed in the form of fomentations, poultices, warm mouth-washes, and mucilaginous emollient decoctions. Of these, the patient takes a mouthful every 15 minutes and after the lapse of a few seconds spits them out. The temperature at which the decoctions are to be employed will depend upon the individual. They may be prescribed for as follows:

## R̄ 2125

Decoct. Althææ.,      ʒ vj.  
 Tinct. Opii simpl.,    ʒ ss.  
 Aqu. Menth. pip.,    ʒ iiss.  
 S. Mouth-wash.      Or:

## R̄ 2126

Fol. Hyoscyam.,  
 Herb. Malv.,      āā ʒ iiss.  
 Div. in dos. æqu. No. 4.  
 S. Tea.

A household remedy is the common Dwarf-Mallow Tea which is mixed with equal parts of milk and to which a few drops of Tinct. Opii is added. It is used as a mouth-wash.

As soon as fluctuation (third stage) can be detected, free incisions are indicated.

**Gingivitis. Inflammation of the Gums.** In the acute form, cold applications in the form of compresses or cracked ice are indicated as is also rinsing the mouth with astringent solutions, such as the following:

## R̄ 2127

Alum. crud.,      ʒ ss.  
 Aqu. dest.,  
 Aqu. Salviæ.,      āā ʒ iij.  
 S. Mouth-wash.

## R̄ 2128

Aqu. Salv.,      ʒ iv.  
 Extr. Ratanh.,    ʒ j.  
 Syr. Moror.,      ʒ j.  
 S. Mouth-wash (Kleinmann).

In many cases, free incisions will be found beneficial.

In Chronic Gingivitis, the causative Mercurial or Lead intoxication is to be treated. Cold applications, astringent mouth-washes (R̄ 2116, 2127, 2128), or tinctures which are to be applied from 3 to 6 times, daily, with a camel-hair brush are indicated.

## R̄ 2129

Tinct. Cinchon. simpl.,  
 Tinct. Ratanh.,      āā ʒ vj.  
 Ol. Caryophyll.,      gtt. x.  
 S. Tooth-tincture.

## R̄ 2130

Tinct. Spilanth. olerac.,  
 Tinct. Catechu.,      āā ʒ ss.  
 S. The gums are to be painted with the same.

In obstinate cases, incisions are to be made in different places.

**Gingivitis Ulcerosa. Ulceration of the Gums.** The causative affection whenever possible is to be treated. Scrupulous cleanliness and the treatment of any constitutional disorders which may be present is indicated. For the disorder itself, astringents (R 2127-2130) are to be employed.

**Gingivitis Crouposa Sive Diphtheritica. Croup of the Gums. Stomacace. Canker of the Mouth.** The first indication is a thorough cleansing of the mouth, especially the diseased portions. Whatever tartar may have collected upon the teeth is to be removed and the mouth disinfected. Kali Chloricum is to be used for this purpose. It is also to be given internally:

R 2131	Kal. chloric.,	℥ iiss.
	Aqu. font.,	℥ viiss.
	Syr. Althææ.,	℥ ss.
	S. 1 tablespoonful, every 2 hours.	

Astringent and antiseptic mouth-washes are to be used locally. R 2113-2117, or the following are to be employed:

R 2132		R 2133	
Kal. Hypermanganic.,	gr. vj.	Aqu. Chlor.,	℥ ss.
Aqu. dest.,	℥ vj.	Inf. fol. Salv.	
S. Mouth-wash; 2 or 3 tea-		(e 15:180),	℥ vj.
spoonfuls are to be added to		Mell. despum.,	℥ j.
a glass of water.		S. For rinsing the mouth	
		(Berends).	

Furthermore, it is advisable to swab the ulcerated surfaces with Nitrate-of-Silver solutions. The Chlorate of Potassium, however, is the best and surest remedy.

**Scorbutus of the Gums.** If tartar has accumulated upon the teeth, it is to be removed. The teeth and gums are to be thoroughly cleansed several times during the day. At first, a soft brush is to be used; later, a hard one. It is advisable to add the following to the water in which the tooth-brush is dipped:

℞ 2134 Tinct. Ratanh.,  
 Tinct. Catechu.,                      āā    ʒ ss.  
 S. 20 to 30 drops are to be added to a glass  
 of water.

Astringent mouth-washes may likewise be employed in addition. When there is destruction of the gums through a breaking down of the ulcerated areas, Kali Chloricum is indicated.

**Stomatitis. Inflammation of the Mucous Membrane of the Mouth.** The causative affection giving rise to the same is to be removed whenever it is possible. If the Stomatitis has resulted from a Mercurial Treatment, this medicament is to be at once suspended. If Soor (Thrush) is present, the secretion of the mucous membranes are to be rendered alkaline by the administration of the following:

℞ 2135		℞ 2135 (a)	
Borac. Venet.,	gr. xv.	Kal. chloric.,	gr. viij.
Aqu. dest.,	ʒ iij.	Aqu. dest.,	ʒ iij.
S. Mouth-wash.	Or:	S. Mouth-wash.	

The mouth of the child should be carefully cleansed with a piece of linen dipped into the mouth-wash. A fresh piece of linen should be used each time.

In Stomatitis Ulcerosa, tartar, sharp corners and stumps of teeth are to be removed. Any irritating medicament which may have been prescribed such as Carbolic Acid or Mercury is to be suspended. Attention is to be paid to the treatment of constitutional disorders. Locally, mild lukewarm mouth-washes and, occasionally, the Blue-stone pencil are indicated. Aphthæ are to be touched with Blue-stone. Astringent mouth-washes such as ℞ 2116, 2127, 2128, or the following are also to be prescribed:

℞ 2136 Decoct. cort. Cinch. (e 20:200),    ʒ v.  
 Tinct. Catechu.,  
 Tinct. Myrrh.,                      āā    ʒ ss.  
 S. Mouth-wash.



**Syphilis Oris. Syphilis of the Mouth.** In addition to the constitutional treatment, local cauterization with concentrated solutions of Nitrate of Silver or the following are indicated:

℞ 2137 Merc. sublim. corrosiv., gr. iij. to xv.  
 Alcohol., ʒ iiss.  
 S. Only in the hands of a physician.

More rarely, the costly preparation below is prescribed:

℞ 2138 Aur. chlorat., gr. xv.  
 Spir. vin. rectific.,  
 Aqu. dest., āā ʒ ss.  
 S. To be applied with a swab or brush.

Tobacco and irritating foods are to be avoided. Disinfecting or astringent mouth-washes such as those in which the Chlorate of Potash is an ingredient are to be diligently used; or the following are to be employed:

℞ 2139 Alum. crud., gr. lxxv.  
 Aqu. dest., ʒ xvj.  
 Aqu. Ment., pip., ʒ j.  
 S. Mouth-wash.

Or those mouth-washes which have a specific action, such as the following:

℞ 2140		℞ 2141	
Merc. sub. cor., gr. iiss. to vij.		Tinct. Iod.,	℥ xv.
Aqu. dest., ʒ xvj.		Aqu. dest.,	ʒ xvj.
S. Mouth-wash.	Or:	S. Mouth-wash.	

**Fistula Gingivæ. Fistulæ of the Gums.** Milk-teeth or their roots, if they have given rise to the formation of fistulæ by setting up a Periostitis, are to be removed. In adults, the tooth from which the fistulæ has arisen may be left in situ providing no other trouble is caused by the same. If, however,

marked swelling especially of the lower jaw develops and much purulent matter is discharged, the tooth or roots must be removed. The therapy of fistulæ of the cheeks, which for the most part are caused by a previous Periostitis, is to be identical.

**Rheumatic Toothache.** It never occurs as such and is always the result of a diseased tooth, the location of which is sometimes very difficult to determine, but which when found and treated is usually followed with relief.

# PSYCHIATRIA

FROM THE CLINIC

CONDUCTED BY THE LATE

Prof. THEODOR MEYNERT, M.D.

CONSULTING PHYSICIAN TO THE COURT.

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## A. FORM OF APPLICATION FOR ADMISSION TO THE CLINIC FOR PSYCHIC DISEASES.

When it becomes necessary to transfer a person suffering from a mental disorder to the psychiatric clinic, an application is to accompany the individual, wherein the pathological mental condition is stated as well as the necessity for turning over the patient to the care and supervision of the clinic. This application is to be filled out by the police-physician of the precinct in which the patient lives or in which he was arrested by the police for causing a disturbance or conducting himself in a manner dangerous to the public safety. In an emergency, the physician who treats the patient may fill out the application, which, however, must be certified to by the regular police-physician of the respective precinct. It is not necessary that this application should contain the diagnosis of the mental disorder from which the patient suffers, nor must it contain the diagnosis alone or the name employed by the laity for the disease with which the patient is afflicted (for example: N. N. suffering from religious insanity, or so-and-so is insane from love, etc.). More desirable, is a brief statement of the conduct or change noted in the individual and the reason why the patient appears to be mentally affected and why it has become necessary to transfer the person to a psychiatric clinic. In reference to the preceding, the principal thing to be noted is that the patient is disorderly or dangerous to the community, or that, from the nature of his disease, it is feared that he may disturb or injure others. Furthermore, it must state that the patient is not cared for or is improperly cared for and watched at home.

The application is best made after the form of the series of printed questions, prepared by Prof. Meynert, of which the following is a copy:

1. Christian and family name?
2. Age, social station, and religion?
3. Position or occupation?
4. Birth-place, and citizenship?
5. Circumstances?
6. Last place of residence?
7. On account of what actions or for what reasons does the applicant appear abnormal?
8. What symptoms of disease did the person making the application notice or ascertain?
9. Of how long a duration is the affection? Is it chronic or is it a relapse?
10. What possible causes for the affection are known?
11. Does the patient appear dangerous or turbulent to the community?
12. Remarks?

Datum.

Signature.

It is, of course, not possible in every case for the physician filling out the application to give answers to all of the above questions; but, under every circumstance, the answers to questions 7, 8, and 11 are to be obtained from facts and not the general evasive conversation, inasmuch, as not only the motive for transferring the the patient to the Clinic is thereby established; but also, the most important data is given for the examination and, frequently, for the therapeutical measures to be employed.

Moreover, it enables the rendition of an opinion, by the physicians of the Clinic or those of the institution in which the patient is to be confined, as to whether the individual may again be allowed to be cared for at home. Question No. 5 is important in so far that as soon as the circumstances of the patient are known he may be transported to the proper State asylum. It is important, also for this reason, that the home of the patient should be stated in the application.

**B. THERAPY EMPLOYED IN MENTAL DISEASES.****Melancholia. (Kleinheitswahn Selbstanklagewahn.)**

When the conditions are favorable, mild cases may be treated at home. The following are the indications for the removal of a patient to an institution:—attempts at suicide, refusal of food, and great poverty. The food is to be nutritious, rich in protein but at the same time readily digested. If the food is refused, it is to be brought to the patient, notwithstanding, who will often partake of the same when he believes that he is unobserved. If this is not the case, liquid food is to be administered with a nursing-cup having a spout. If this also fails and the patient for several days continues to refuse nourishment, mechanical feeding is to be resorted to. A stomach-tube, having a funnel attached at its free end into which food or any medicaments which may be required may be easily poured, is to be inserted through the nostrils. Patient is to be fed in this manner once or twice during the day. The nutritive fluid is to be given warm, thoroughly mixed (2 to 4 parts milk and 12 yolks of eggs per day), and seasoned with the proper amount of salt. When indicated, wine may also be added to the mixture.

If the introduction of the tube is impossible, on account of its regurgitation into the mouth, enemata of Chloral (dram  $\frac{1}{2}$  to 1 of Chloral. Hydrat. in each enema) are to be administered. While under the influence of Chloral, patients quite frequently take their food voluntarily. Mild narcosis through Chloroform will often render possible the introduction of the stomach-tube.

In artificial feeding, the possibilities of the stomach-tube being introduced into the Larynx or particles of food gaining entrance into the Middle-Ear through the Eustachian Tube are to be kept constantly in mind.

Roborantia in the form of Quinine, Iron, or Arsenic are indicated.

R 2142	Ferr. oxydat. dialysat.,	3 iiss.
	Quin. sulph.,	gr. lxxv.
	(Extr. Aloes,	gr. xv.)
	Pulv. et extr. Liquirat. q. s. ut f. pil. No. 100.	
	S. About 4 pills, 3 times, daily.	

℞ 2143 Ferr. sulph.,  
 Kali. carbonic., gr. ccxxv.  
 Gumm. Tragacanth. q. s. ut f. pil. No. 96.  
 S. 2 or 3 pills, 3 times, daily.

℞ 2144 Ferr. carbonic.,  
 Natr. bicarbonic.,  
 Pulv. rad. Rhei, āā gr. lxxv.  
 Sacch. alb., 3 iiss.  
 M. f. pulv. da. ad scat.  
 S. From 3 to 5 grains, 3 times, daily.

℞ 2145 Ferr. oxydat. dialysat., gr. lxxv.  
 Aquæ fontis, 3 v.  
 Aquæ Cinnamom., 3 iss.  
 S. To be consumed during the day.

Finally, Pearson's Arsenical solution:

℞ 2146 Natr. arsenicos., .05 grams.  
 Aquæ destillatæ, 100 "  
 S. 1 teaspoonful, 3 times, daily, after meals.

Or a tablespoonful of Aqu. Roncegno or Aqua Levico may be prescribed 3 times per day after meals. It is better to treat constipation with drastics, such as Rheum, Aloes, Podophyllin, etc., than to administer the great quantities of mineral-waters which are necessary to produce the results.

For loss of blood through menstruation, the Bromide of Soda is first to be employed then the following:

℞ 2147  
 Ergotini dialysati, 3 ss.  
 Glycerini, 3 iij.  
 S. 10 to 20 drops, 2 times per day during menstruation.

℞ 2148  
 Ergotin. bis depur. (Extr. of Ergot), 3 iss.  
 Gumm. Tragacanth. q. s. ut fiant pil. No. 60.  
 S. 3 to 6 pills, daily.

- ℞ 2149 Ergotin. bis depur. (Extr. of Ergot.), 3 ss.  
 Glycerini,  
 Aqu. dest., āā 3j.  
 S.  $\frac{1}{2}$  to 1 hypodermic-syringeful is to be injected  
 each day.

Or  $\frac{1}{2}$  syringeful of Ergotin de Bombellon is to be injected in the same way.

Milder forms of Melancholia may be treated with iron-waters and mild laxative waters at such health resorts as Marienbad (Marienbader Ferdinandsbrunnen), etc.

When the Lymphatic Glands are affected, the following is indicated:

- ℞ 2150 Natr. Iodati, 3 iss.  
 Aqu. dest., 3 vj.  
 S. 1 tablespoonful in the forenoon.

Or treatment may be taken at mineral-springs which contain Iodine such as Luhatschowitz, Hall, etc.

Increased arterial tension may be reduced by means of prolonged lukewarm baths (92° to 95° F.); inhalations of Nitrate of Amyl and the internal use of Quinine, Natr. Salicylicum, Antipyrin, Antifebrin, Phenacetin, Salol, etc.

The following act as stimulating agents: Shower-baths on the head, alcoholics in the form of wine, and Brandy administered in teaspoonful doses during the day, also small doses of Morphia (grain  $\frac{1}{8}$ ).

The Bromide of Soda in large doses is to be prescribed as a sedative and hypnotic:

- ℞ 2151 Natr. bromat., 3 iss.  
 Div. in dos. æqu. No. 3.  
 S. 1 or 2 powders dissolved in a glass of hot water.

For sleeplessness, the following may also be highly recommended:

- ℞ 2152 Sulfonal, 3 iiss.  
 Div. in dos. æqu. No. 10.  
 S. 1 to 5 powders in the evening in either hot soup or milk,

The danger attending the continuous use of Sulfonal is to be borne in mind. A new and excellent hypnotic is Somnal:

℞ 2153 Somnal, ʒ iiss.  
 Aqu. dest., ʒ iss.  
 Sol. succi Liquiritæ or Syr. rub. Idæi, ʒ ss.  
 S. 1 tablespoonful is to be taken either in milk  
 or raspberry juice.

**Mania. Madness.** Treatment is rarely possible outside of an asylum.

Nutritious, non-irritating food and Roborantia are indicated. Iron and Arsenic are to be prescribed as in Melancholia. Protracted lukewarm baths, alcoholics, and douches of the head are to be avoided.

For the lowered arterial tension, not only in the female but in the male as well, *Secale Cornutum* (Ergot) is to be prescribed.

℞ 2154 Ergotin. bis depur. (Ergot. Extr.), gr. ivss.  
 Aqu. font., ʒ vj.  
 Syr. rub. Idæi, ʒ v.  
 S. To be used within a day.

Opiates and the Bromide of Soda are to be given as sedatives.

For sleeplessness, the same remedies are to be used that are employed in Melancholia.

**Circulatory Mental Disturbances. (Circulare Geistesstörung.)** A continuous treatment extending over several years is necessary. The disorder, during the melancholic and maniacal stages, is to be treated in the same way as a simple Melancholia or Mania; the mild intervening stages after Mania, like Latent Melancholia; those after an attack of Melancholia, like latent Mania.

For this reason, after an expectative treatment extending over several weeks, the threatened Melancholia, is to be counteracted by lukewarm baths and Quinine, and the return of Mania by cold baths and the employment of *Secale Cornutum* (Ergot):



℞ 2155 Pulv. Secal. cornut. (Ergot), gr. lxxv.  
Div. in dos. æqu. No. 10.

S. 2 or 3 powders to be taken, daily, in water.

As strengthening and as nutritious diet as possible is to be given during every stage of the disorder.

**Amentia. (Acute Insanity. Mania. Madness. Melancholia with Excitement. Melancholia Avec Stupeur).**

For the most part, treatment will be necessary in an asylum inasmuch as in these places suicide and acts of violence are less liable to occur; and also because the proper food can be better administered. Nevertheless, a stay in an asylum is to be of as short a duration as possible, inasmuch as a rational treatment at home amid accustomed and unchanged surrounding favors a return to reason.

The general nutrition of the body is to be improved as much as possible. Protracted lukewarm baths at a temperature of from 92° to 95° F. are indicated. Whenever there are symptoms of cerebral irritation, the patient is to be confined in bed (if possible) and cold compresses or an ice-bag is to be placed upon the head.

℞ 2156 Pulv. Sec. corn. (ergot) rec., 3j.  
Pulv. fol. Digit., gr. xv.  
Extr. Liquiritiæ q. s. ut fiant pil. No 50.  
S. 2 pills, 3 times, daily.

℞ 2157 Ergotin. bis. depur. (Ergot. extr.), 3 ss.  
Glycerini, 3 iiss.  
Aqu. dest., 3 v.  
S. 1 hypodermic-syringeful is to be injected.

If there is continuous excitement of an intense character, isolation in a cell is advisable and in addition, injections of from  $\frac{1}{3}$  to  $\frac{3}{4}$  grains of Morphia at one time (!!!) or  $\frac{1}{4}$  of a grain several times during the day. If the pulse is strong and regular, Bromide of Soda may be given in a weak solution or in soup in quantities as large as  $3\frac{3}{4}$  drams per day (!). Or the Hydrate of Chloral may be prescribed;

- ℞ 2158 Chloral. Hydrat., 3 iss.  
 Div. in dos. æqu. No. 3.  
 S. Hydrate of Chloral.

1 powder dissolved in a glass of water is to be given in the evening. If this is inactive, after 2 hours, the two remaining powders are to be given at one time. If it is not possible to administer the remedy internally on account of the ravings of the patient, 2 powders are to be given per enema.

After sleep has been induced, the stupor may be prolonged by the administration of the following:

- ℞ 2159 Chloral. hydrat., 5 iiss.  
 Aqu. dest., 3 v.  
 Syr. rub. Idæi, 3 iss.  
 S. 1 tablespoonful every hour.

When the sleep is disturbed, Sulfonal or Somnal. (℞ 2152, 2153) are indicated. During the stage of fear, Chloral in combination with the Bromides or Opium by itself in large doses are to be prescribed:

- ℞ 2160 Chloral. hydrat., gr. xlv.  
 Natr. bromat., gr. lxxv.  
 Aqu. font., 3 iv.  
 Syr. simpl., 3 iss.  
 S.  $\frac{1}{3}$  of the mixture is to be taken at one time; if this proves inactive after 1 or 2 hours, the balance.
- ℞ 2161 Extr. Opii (aquos.), gr. viiss.  
 Sacch. alb., 5 ij.  
 M. f. pulv. div. in dos. No. 10.  
 S. 3 powders, daily.

In congestion of the brain, a mustard plaster placed upon the back of the neck will frequently be found an excellent hypnotic. When it is necessary to employ hypnotics for a longer time, they are to be frequently changed. The less reliable preparations, Paraldehyde and Amylhydrate, may also be employed:

- ℞ 2162 Paraldehyd., 9 ii. to iv.  
 Syr. cort. Aurant., 3 vj.  
 S. To be taken at night.

- ℞ 2163 Amylen. hydrat., ʒ ss. to j.  
 Succ. Liquirit., ʒ iiss.  
 Aqu. dest., ʒ iij.  
 S. 1/2 or, if necessary, the whole mixture is to be taken at night.

When there is stupor, douches of the head precipitated from a moderate height and of not too low a temperature may be employed, also general galvanization and a faradisation but with great care, however. The position of the body is to be frequently changed in order to avoid bed-sores. In extreme inanimation and listlessness, such as occurs in anæmic and youthful individuals, inhalations of Nitrate of Amyl is indicated as is also Campherwein (Camphor-wine) in doses from 3 to 5 spoonfuls per day; also Wine of Pepsin, Brandy, etc.

- ℞ 2164 Spir. vin. Gallic., ʒ j.  
 S. A teaspoonful every 3 hours.

- ℞ 2165 Camphor. monobromat., gr. xv.  
 Sacch. alb., ʒ ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 or 4 powders, daily.

When there are symptoms of Bulbar irritation (hyperesthesia of the special senses, neuralgias especially of the Fifth Nerve, fear, reddening of the face, etc.) an appropriate Opium treatment is indicated. Quinine, Natrium Salicyl., Antifebrin, Phenacetin, Salol, and Antipyrin likewise may be tried. In women, in whom the sexual organs are involved, Ergot and Bromide of Soda are to be given.

To prevent a return of a Puerperal Psychosis, it is advisable to employ in subsequent confinements an anæsthetic and to hasten delivery as much as possible. It is also well to quiet the mother with this consoling prospect.

In Amentia resulting from lead intoxication or alkaloids, the treatment is to be symptomatic. Toxic substances are to be eliminated from the body as quickly as possible. If Delirium Tremens makes its appearance during a chronic alcohol intoxication, the patient is to be treated expectatively in an institution. Isolation is indicated in most cases; alcohol is to be

entirely withdrawn. Only in case of collapse are wine, brandy, and strong coffee to be administered. If the patient shows signs of weakening, Digitalis may also be employed, but with great care, however. The following may also be prescribed:

℞ 2166 Caffein. natrobenzoic., gr. xv.  
 Aqu. font., ʒj.  
 S. 1 tablespoonful, 3 times, daily.

Sleep is to be induced at home only with Chloral hydrate, Sulfonal, and Somnal.

During the stages of fear:

℞ 2167' Extr. Opii (æquos.), gr. viiss. to xv.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder, every 3 hours. Or:

℞ 2168 Tinct. Opii simpl., ʒ ss.  
 S. 10 to 20 drops, during the day. Or:

℞ 2169 Extr. Opii (æquos.), gr. viiss.  
 Glycerin.,  
 Aqu. dest., āā ʒ iv.  
 S. 1 hypodermic-syringeful (15 min.) is to be injected, daily.

In Lyssa (Hydrophobia), Chloral hydrate is to be given in enemata in quantities as large as  $2\frac{1}{2}$  drams per day.

**Paranoia (the So - Called Primare Verrucktheit of the Germans, the Chronic, Delusional Insanity, Mono - Mania, Persecutory Delusions and Delusions of Grandeur of the Authors).** Treatment is to be governed entirely by the character of the delusions. Patient may be treated at home or a change of domicile may be advisable or it may be best for the individual to be confined in some institution where an opportunity to work is afforded him. Feelings of fear are to be counteracted by means of a general regimen which has in view the regeneration of the blood and strengthening of the body: Iron (℞ 2142-2145) is indicated, or;

- ℞ 2170 Sol. Arsenic. Fowleri.,  
 Aqu. dest., āā 3 ij.  
 S. 5 drops are to be taken, daily; afterward the dose is to be gradually increased until 50 drops per day are taken.

Or Pearson's solution (℞ 2146) or Roncegno water may be given. For the extreme restlessness, neuralgic feelings, and sleeplessness, the Bromide of Sodium, Sulfonal, Somnal Natrium Salicylicum, Quinine, and the other remedies which influence vascular pressure are to be prescribed. When there are hypochondriac complaints about disturbances of the digestive tract, Hydrochloric Acid, laxatives, and Carminatives as well as hydropathic procedures are indicated.

When there is an irritable state of the Pelvic organs, the Bromide of Soda and Ergot are to be administered. A chronic enervated state, brought about by a loss of blood, is to be treated with the following:

- ℞ 2171 Extr. fluid. Gossyp. herbac., 3j.  
 S. 2 or 3 teaspoonfuls, daily.
- ℞ 2172 Extr. fluid. Hydrast. canad., 3j.  
 S. 20 drops, 2 to 4 times, daily.

When there is complaint of deficiency of vital power and impotency as well as irritative weakness, the Bromide of Soda, Lupulin, and Ergotine are to be prescribed. Reflex excitability is to be diminished by the employment of cooling hydropathic procedures (a sound through which cold water flows and returns is introduced into the Urethra). Electricity may likewise be tried upon the spine. If there is disease of the ear, the respective affection is to be treated.

**Paralysis Progressiva. (Paretic Dementia).** Prophylactic treatment. When in an individual, between the ages of 35 and 50 years, those signs are noticed which are wont to appear as the prodromal symptoms of a Paretic Dementia (impairment of memory, absent mindedness, change of character in so far that the previously industrious, methodical, rational individual becomes lazy, shiftless, wasteful, and craves for

liquor and sexual gratification; and in-addition suffers from frequent attacks of headache, dizziness, congestion of the brain, sleeplessness, and various neuralgias and apoplectic attacks) avoidance of every form of bodily and mental strain is indicated above all. Nutritious but non-irritating food is to be taken. Attention is to be paid to secure a daily stool. If habitual constipation exists, it is to be overcome by means of mineral-waters (Marienbader, Krenzbrunnen, Ferdinandsbrunnen, massage, etc.). A stay in the country may be highly recommended but long journeys especially without an attendant are to be discouraged for the reason that they are injurious. Iron and Arsenic are advisable. In congestive conditions Ergotine (vide R 2154, 2155) which may be combined with Digitalis (when there is palpitation of the heart) is to be prescribed:

R 2173 Ergotin. bis depur., 3 iss.  
 Pulv. fol. Digitalis, gr. xvij.  
 Pulv. et extr. Liqr. āā q. s. ut f. pill. No. 50  
 S. From 2 to 3 pills, 3 times, daily.

For sleeplessness, the Bromide of Sodium or the Hydrate of Chloral or both in combination (R 2159), Sulfonal or Somnai (R 2153, 2152) are to be given.

When the Insomnia is due to Neuralgia, the following is advisable:

R 2174 Chloral. hydrat., 3 iiss.  
 Morph. mur., gr. 3/4  
 Aqu. dest., 3 iij.  
 S. 3 tablespoonfuls during the day; as much or even more at night.

Quite frequently, warm baths will be found soothing. On the other hand, the vigorous procedures employed in the objectionable cold-water treatment are apt to prove injurious.

If Syphilis is a cause of the infection, inunctions or some other heroic mercurial treatment is indicated, afterward, the Iodides are to be administered:



strain may be led at his home, providing he can have the proper care and attention.

During the Stadium Decrementi, patient is to be carefully watched and nursed; particular attention is to be paid to his cleanliness; food is to be administered in not too large pieces. Frequently, artificial feeding will become necessary. Bed-sores and Pneumonia are to be guarded against.

**Secondary Mental Deterioration.** The resulting conditions arising from psychoses, which are accompanied with rudimentary signs of disease or dementia, frequently necessitate the confinement of an individual either at home or in the working colonies of an insane asylum. The proper consumption of food and the performance of other functions of the body require constant and conscientious watching.

**Acquired Imbecility.** Care is to be taken that sufficient food is consumed and that there is a regular stool and evacuation of the bladder. If there is sleeplessness, a hypnotic is to be given. In Senile Imbecility, accompanied with Atheroma of the arteries, especial attention is to be paid to the heart. Digitalis, Caffein, etc. are to be employed whenever necessary. In some cases, the circulation is to be stimulated with alcoholics. During excitement resulting from Senile Dementia, Opium is to be prescribed:

℞ 2178 Extr. Opii (aquos.), gr. ivss to viiss.  
 Sacch. alb., 3j.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 3 to 5 powders during the day.

**Congenital Dementia. Idiocy. Imbecility.** Attention is to be paid to the care of the body. A specific treatment of the child, regulated according to the grade of mental weakness, frequently is followed with excellent results (Biedermannsdorf, near Vienna). Endemic Idiotismus is to be combated by the employment of hygienic procedures (Institution in Hallstatt).



**Mental Disturbances Occurring in Epileptics.** Epilepsy is to be treated with Bromides:

- ℞ 2179 Natr. Bromat., 3 xiiss.  
Div. in dose æqu. No. 50.  
S. In the beginning of the treatment, 3 powders per day are to be given dissolved in water; after every attack, the dose is to be increased 1 powder per day.

Simultaneously, a non-irritating diet is to be prescribed. Alcoholics are to be forbidden. If Brom-Acne makes its appearance, the Bromides are not to be suspended but Arsenic is to be given jointly with the same in the form of the Roncegno-water or the following:

- ℞ 2180 Sol. Arsenic. Fowleri, 3 ij.  
Aqu. dest., 3 ss.  
S. In the commencement, 15 drops are to be taken per day. The dose is to be gradually increased to 30 drops per day.

Likewise, the following in the same way:

- ℞ 2181 Acid. Arsenicos., gr. ivss.  
Kal. Carbonic., gr. viiss.  
Brom. pur., gr. vj.  
Aqu. dest., 3 v.  
S. From 2 to 4 drops per day.

When it becomes necessary to increase the dose of the Bromide of Soda to  $2\frac{1}{2}$  drams per day, the following is to be given in addition to the same:

- ℞ 2182 Extr. Belladonnæ.,  
Zinc. oxydat., āā gr. xv.  
Pulv. extr. Liquir. q. s. ut f. pil. No. 30.  
S. 1 or 2 pills a day.

The latter remedy is to be continued until the symptoms of intoxication make their appearance (dilated pupils, dryness and

scrapy sensations in the throat). In epileptic attacks, which rapidly follow each other, Chloral Hydrate is to be prescribed (best in enemata in doses of 45 to 90 grains per day). If, immediately before the attack and during the Aura, marked pallor of the face is apparent, the following is indicated:

℞ 2183 Amylether. Nitros., ʒ ss.

S. 2 to 4 drops on a handkerchief are to be inhaled.

N.B. During an attack, the patient is to be protected as much as possible from injuring himself.

**Mental Disturbances Resulting from Different Forms of Intoxication.** Whenever possible, the toxic substances are to be removed from the body. For the treatment of Amentia, due to intoxication, see Paranoia, Paralysis Progressiva (Paralytic Dementia). Dementia caused by alcoholics, lead intoxication, etc. is to be treated according to the rules prescribed for the respective psychoses.

# POISONING:

## THE MOST IMPORTANT FORMS.

COMPILED AND ARRANGED BY

K. GROSS, M.D. and A. SCHMELZ, M.D.

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**A. General Principles of Treatment.** Whenever possible, an attempt is to be made to remove the poison from the wound, the stomach, or wherever it may be lodged.

1. From wounds, the poison may be removed by expression, sucking, washing out with water or antiseptic solutions, and by cauterization.

2. Removal of poison from the stomach is best accomplished by the employment of a stomach-tube, used after the manner of a syphon. The end which enters the stomach is to be provided with only one fenestra. To the distal end of the tube, a glass funnel is to be attached so that any desired solution may be readily poured into the same. The poison may also be removed by exciting vomiting—by tickling the Pharynx with a feather, a probe, etc.; by drinking large quantities of warm water, or through the administration of an emetic. A subcutaneous injection of one-half to one hypodermic-syringeful (8 to 15 minims) of a 1-per-cent Apomorphin-solution is, perhaps, the best emetic. One of the following remedies may also be highly recommended:

℞ 2184 Pulv. rad. Ipecacuanh,                    gr. xv.  
Tartar. emetic.,                                gr. iss.  
S. The whole to be taken at one time.

℞ 2185 Pulv. rad. Ipecacuanh., ʒ ss.  
 Tartar emetic., gr. iij.  
 Aqu. dest., ʒ xv.  
 Oxy mell. Scill., ʒ v.  
 S. 1 tablespoonful every 10 minutes until vomit-  
 ing is induced. Each time before taking, the  
 bottle is to be well shaken.

℞ 2186 Cupri. Sulph., gr. xvj.  
 Aqu. dest., ʒ ij.  
 S. 1 teaspoonful is to be taken at a time.

In an emergency, powdered mustard (1 teaspoonful to a glass of warm water) may also be administered. A poison must not be removed from the stomach by means of instruments when the poison causes a corrosion of the walls of the stomach (e. g. Mineral-Acids, Caustic Potash, etc.).

3. Removal of a poison from the intestinal tract may be accomplished by the administration of cathartics internally or per enema.

**Treatment of the Principal Symptoms.** When the tissues of the throat and stomach have been attacked by an agent having a caustic action, mucilaginous drinks such as Mucilago Gummi Arabici, Mucilago Salep, thin oat-meal gruel, or the following are to be administered:

℞ 2187 Tragacanth., ʒ ss.  
 Aqu. font., ʒ xxv.  
 S. As a drink.

For the inflammation of the throat and Oesophagus as well as for excessive vomiting, cracked-ice is to be given, and for the gastric and intestinal pains, Opium or Morphia (the latter either internally or subcutaneously).

When the bodily temperature is very much reduced, as is the case when the poisoning has been caused by narcotics, the patient is to be enveloped in warm sheets or blankets, the body chafed and massaged, the extremities briskly rubbed, and passive movements made.

In case of collapse, unconsciousness, and syncope, the head is to be lowered, the body douched (especially the head), mustard plasters applied to the skin, subcutaneous injections of Ether-Camphor, etc. administered and, if necessary, enemata of wine given. If the patient is able to swallow, coffee, tea, brandy, or heavy wines, *Liquor Ammonii Anisatus*, etc. are to be administered.

When the breathing becomes feeble or ceases, cold douching in a warm bath, drawing out the tongue, artificial respiration after the method of Sylvester (see index), and faradisation of the Phrenic Nerve are to be resorted to, as the urgency of the case may demand. In case of *Œdema* of the Larynx, a tracheotomy is to be performed.

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## B. TREATMENT OF THE SPECIAL FORMS OF POISONING (TOGETHER WITH A BRIEF ENUMERATION OF THE PRINCIPAL SYMPTOMS).

**Aconitine, Aconitum.** Symptoms: A feeling of burning in the mouth, salivation, heart-burn, vomiting, diarrhœa, anæsthesia and difficulty of moving the tongue, formication, pain in the legs, chilliness. During the early stage, the pupils are contracted; during the latter, dilated. The pulse-rate is diminished and the breathing difficult, the skin is cold and livid—there may be convulsions.

Therapy: Emetics are to be given, also animal charcoal (floated on water), likewise, the following:

℞ 2188

Acid. Tannic.,	3 j.
Aqu. dest.,	3 viiss.
Syr. simpl.,	3 v.
S. 1 tablespoonful every 5 minutes,	

Or the following:

℞ 2189

Tinct. Iod.,	3 ss.
S. From 5 to 10 drops in a glass of water, every 10 minutes.	

**Æther, Ether. Intoxication by Inhalation.** Symptoms: Livid face, lowering of bodily temperature, Myosis; the pulse becomes small, respiration irregular, and gradually ceases. Sometimes there is sudden syncope and cessation of the action of the heart

Therapy: The inhalation of Ether is to be at once stopped; tight clothes are to be loosened or removed. The chest is to be vigorously rubbed, massaged and cold water sprinkled over the same. Artificial respiration is to be practised (see index) and the Phrenic Nerve subjected to faradisation. When the breathing again sets in, the following is to be inhaled:

℞ 2190 Ammon. pur. liqu.,                      ʒ ss.  
S. To be held close to the nose of the patient.

The following has also been recommended:

℞ 2191 Strychnin. nitric.,                      .02 grams.  
Aqu. dest.,                                      10        "  
S. 1 or 2 hypodermic-syringefuls (15 to 20 mins.)  
are to be injected.

If respiration does not set in soon, the Larynx is to be catheterized, or a tracheotomy is to be performed.

**Alkalies. (Caustic Potash or Soda, Ammonia, Alkaline Carbonates.)** Symptoms: Pain in the mouth, neck, Œsophagus; violent retching of matter mixed with the alkalie and blood; great thirst, difficult deglutition, frequently bloody diarrhœa, distension of the abdomen, coldness and clamminess of the skin, general prostration. When Ammonia has been taken, in addition to the foregoing, symptoms there is also marked salivation, aphonia, cough and attacks of suffocation.

Therapy: (Emetics and the stomach-tube are to be avoided.) The first indication, is to administer vinegar-water, lemonade, etc. Afterward, a plentiful amount of liquids such as milk, mucilaginous drinks, oil, etc. are to be given:

## R 2192

Acid. tartaric., gr. lxxv.  
 Aqu. font., ʒ xvj.  
 S. 1 tablespoonful every 5  
 minutes.

## R 2193

Acet. vin., ʒ viiss.  
 Aqu. font., ʒ x.  
 Syr. simpl., ʒ j.  
 S. Like the preceding.

Furthermore, the pain, nausea, and collapse (see index) are to be treated symptomatically. In Ammonia poisoning, in addition to the foregoing, inhalations of steaming water are indicated.

**Alcohol. (a) Acute Poisoning. Complete Intoxication.**

Symptoms: Profound insensibility, prominence of the eye-balls, injection of the Conjunctiva, reddening of the face, slow, stertorous breathing, smell of alcohol upon the breath, small pulse, cold clammy skin, involuntary evacuation of urine and feces, lowering of the bodily temperature, dilatation of the pupils, trismus, and convulsions.

A stomach-pump (or -tube) is to be employed or injections of Apomorphine are to be given. Fresh air is advisable; cold douching is indicated. If the brain is very much congested (as is evidenced by the face) the head is to be elevated, an ice-cap or -coil applied to the same, the hands and feet dipped into as hot water as can be borne and enemata of vinegar (1 part of vinegar to 3 parts of water) or of salt water (1 tablespoonful to 2 cups of water) given. In very robust individuals, a venesection may be advisable. If collapse sets in, counter-irritants such as mustard plasters, etc. are to be at once applied and the following administered internally:

R 2194    Liqu. Ammon. caustic. (or Anisat),    gtt. x.  
             Aqu. font.,                                    ʒ xv.  
             Syr. simpl.,                                  ʒ v.  
             S.    The whole to be taken at one time.

Furthermore, black coffee or tea; when there are indications for the same, artificial respiration and faradisation of the Phrenic Nerve.

(b) **Chronic Poisoning.** Symptoms: Chronic gastric and intestinal catarrh, vomitus matutinus, loss of appetite, irregular stool, chronic Pharyngitis, Laryngitis and Bronchitis. The liver is frequently affected, fatty liver and Cirrhosis occurring quite often. Complications of the heart, first in the form of hypertrophies, later in the form of dilatation and fatty degenerations and also Atheroma of the vessels are quite often present, as are also impotency, occasional incontinence of urine, amblyopia, inclinations to apoplexies, tremor, anæsthesia, paralyses, epileptiform attacks and various psychoses. Especially frequent are attacks of Delirium Tremens (always characteristic of chronic alcoholism) which make themselves manifest through general muscular tremor, prolonged sleeplessness, hallucinations, madness and insanity.

Therapy: The alcohol is to be entirely withdrawn by degrees. This is best done in asylums for inebriates. The various conditions as they arise are to be treated symptomatically. The digestive system, especially, is to be stimulated by the administration of bitter agents and tonics. During an attack of Delirium Tremens the patient is to be carefully watched; sleep is to be induced by the administration of large doses of Opium.

℞ 2195 Opii pur., gr. viiss.  
 Sacch. alb., 3 ss.  
 M. f. pulv. div. in dos. æqu. No. 10.  
 S. 1 powder, every hour, until sleep is induced.

Or Paraldehyde:

℞ 2196 Paraldehyd., 3 j.  
 Syr. cort. Aurant., 3 vij.  
 S. To be taken in one dose.

The administration of Chloral-Hydrate is dangerous on account of the ease with which it induces paralysis of the heart. The following is much better. Recently, it has been highly recommended:



- ℞ 2197 Hyoscin. mur., .01 gram.  
 Aqu. dest. 10 "  
 S.  $\frac{1}{2}$  to 1 hypodermic syringeful (8 to 15 min.) is  
 to be injected,

When the heart becomes weak, Digitalis, Caffein, etc. are to be administered (see also treatment of Delirium Tremens of the other chapters).

**Allantotoxicum.** See Sausage Poisoning.

**Amyl Nitrite.** Symptoms: Throbbing of the Carotids, sensation of heat, a tickling feeling of the throat, cough, dizziness, headache, oppression, dilatation of pupils, palpitation, fainting.

Therapy: Cold washing and douching are advisable. Fresh air is to be admitted to the room or if the urgency of the case demands, artificial respiration is to be practised. Ergotine injections have been highly recommended.

**Aniline.** Symptoms: Cyanosis of the skin, lips, and nails; vomiting, somnolence, spasms, dilatation of the pupils, dyspnœa, Coma.

Therapy: Emetics are to be given; the stomach-tube is to be employed and cathartics (but not those of an oily nature) administered. Alcohol is to be avoided but other stimulants such as Ether, Camphor, Moschus are indicated. An abundance of fresh air is to be admitted to the room.

**Antimony Compounds.** (Tartarus Stibiatus. Tartar Emetic.) Symptoms: Pain in mouth and throat, swelling and sometimes formation of vesicles upon the lips and palate, profuse salivation, expectoration, violent vomiting and pain in the epigastric region, watery cholera-like diarrhœa, no strangury (a valuable symptom for differential diagnosis from Arsenic poisoning). In severe cases, chronic convulsions, dyspnœa, small pulse, and collapse.

Therapy: A stomach-tube is to be employed (if copious vomiting is not induced by the preparation itself). Tannin (℞ 2188) or the following is to be administered;

℞ 2198 Decoct. cort. Quin. (e 20. : 30.),  $\frac{3}{3}$  j.  
ad colat.  $\frac{3}{3}$  v.

S. A swallow at a time; to be taken immediately.

(The Tannate of Antimony which is formed is to be removed as quickly as possible by washing out the stomach.) Furthermore, for the excessive vomiting, cracked ice, lemonade and Morphia are to be given; and for cardiac weakness, restoratives (wine and Camphor).

**Aqua Regia.** See Nitric Acid.

**Argentum Nitricum. Lunar Caustic.** Symptoms: Gastro-Enteritis with vomiting of white cheesy masses which turn black upon exposure to light, followed soon after with diarrhœa, dizziness, convulsions, and paralyses.

Therapy: The stomach-pump or emetics are to be employed, unless vomiting has already set in. The white of eggs, milk, and cooking-salt are to be given at once.

**Arsenic Preparations. (a) Acute Poisoning.** Symptoms: The symptoms usually do not show themselves until the lapse of from one-half to one hour. Vomiting, thirst, a scratchy feeling in the throat, difficult deglutition, abdominal pain, bloody or rice-water like stools also strangury, blood and casts in the urine, dizziness, cyanosis, tonic, and clonic convulsions, erysipelas-like reddening of the skin, weak pulse, coldness of extremities, difficult breathing, and general paralysis. In many cases, the gastric symptoms are wanting and convulsions and collapse set in at once.

Therapy: An emetic is to be given at once unless vomiting takes place without its employment. An injection of Apomorphine or Pulv. Rad. Ipecac. (15 grains every 10 minutes until vomiting sets in) is best for this purpose. Tartar emetic is to be avoided. Milk and fats are to be given freely until it is possible to procure one of the following antidotes. (No acidulous drinks or alkaline carbonates are to be given):

℞ 2199 Ferr. oxydat. hydric. in Aqu.,  $\frac{3}{3}$  xvj.

S. Of the warmed solution, which must be well shaken each time, 2 to 4 tablespoonfuls are to be taken every 10 minutes.

Or:

℞ 2200 Magnes. hydro-oxydat. recenter parat. in Aqu.  $\bar{3}$  vj.  
 S. One-third is to be taken at once, then a table-  
 spoonful every 10 minutes. Afterward, purga-  
 tives and diuretics are to be given in order to  
 secure a rapid elimination of the Arsenic.

The rest of the treatment is to be symptomatic.

(b) **Chronic Poisoning.** Symptoms: Redness of the Conjunctiva, brown pigment deposit in the skin of the face, Pharyngitis, digestive disturbances, cardialgia, falling out of the hair, neuralgia, and paralyses.

Therapy: The treatment is to be symptomatic, electricity is to be employed upon the paralyzed muscles. The Iodide of Potash may be tried.

**Atropin**, see Belladonna.

**Barium Compounds.** Symptoms: From Barium Hydrate and Carbonate of Barium, intense inflammation of the stomach leading to perforation is caused. From the neutral Barium salts, the local manifestations are less prominent but there is profuse diarrhœa, diminution of the frequency of the pulse, and convulsions.

Therapy:

℞ 2201 Natr. Sulph.,  $\bar{3}$  v.  
 Aqu. font.,  $\bar{3}$  v.  
 S. 1 tablespoonful every 5 minutes.

Afterward, emetics are to be given to remove the Barium Sulphate which is formed. In poisoning with Barium Carbonate, emetics are not to be administered. The Gastritis is to be treated in the same way as that produced by alkalies (which see).

**Belladonna.** Symptoms: Dryness and burning in the mouth and throat, hoarseness, difficult deglution (after eating Belladonna berries, nausea and vomiting), redness of the face, increase of pulse-rate, marked pulsations of the Carotids, dilatation and immobility of the pupils with marked disturbance of

vision, even blindness, dizziness, unsteady gait, headache, muscular twitching, hallucinations, delirium, attacks of madness, increased muscular activity, convulsions, trismus, and, frequently, an exanthema similar to Scarlet Fever.

Therapy: The stomach-pump or emetics are to be employed. When poisoning occurs through eating the berries, a purgative is also to be given. Tannic Acid (R 2146) or a decoction of Oak bark or Cinchona bark are the antidotes. Likewise the following:

R 2202	Pilocarpin. muriat.,	gr. iss.
	Aqn. dest.,	3 iiss.
S.	Every $1\frac{1}{4}$ of an hour, a hypodermic-syringeful is to be injected until the mouth again becomes moist.	

The following is also highly recommended:

R 2203	Iod. pur.,	gr. iij.
	Kal. iodat.,	3 ss.
	Aqu. font.,	3 x.
S.	A wineglassful, every 5 minutes.	

Chloralhydrate, 45 gr. administered in several doses, and inhalations of Chloroform are also recommended. Morphine injections are highly praised by many. Treatment of the symptoms: For the visual disturbances, a 1-per-cent Pilocarpin or Eserine solution is to be dropped into the eye; for the congestions, an ice-cap is to be placed upon the head, or Enemata of vinegar are to be given; for the circulatory disturbances, the following is to be tried:

R 2204	Physostigmin. salicylic.,	.01 gram. (gr. $1/7$ ).
	Aqu. dest.,	10 gram. (3 iiss).
S.	$1/2$ to 1 hypodermic-syringeful is to be injected.	

**Bisulphide of Carbon.** Symptoms: After swallowing—headache, dizziness, cyanosis, weakness of the heart, and con-

vulsions; after inhaling—drunken-like excitement, disturbances of vision; in severe cases (in more chronic poisoning) headache, vomiting, weakness, ataxia and anæsthesia of the extremities, disturbances of speech and vision, sleeplessness and psychoses.

Therapy: Emetics are to be given when the poisoning has resulted from swallowing. In poisoning due to inhalation permanent removal of the patient from the harmful atmosphere is to be advised, also warm baths and a nutritious diet. Strychnine is highly recommended:

℞ 2205 Strychnin. nitric., gr. iss.  
 Sacch. alb., ʒj.  
 M. f. pulv. div. in dos. No. 20.  
 S. 1 powder three times a day (only in the hands of a physician).

Delpech recommends Phosphorus:

℞ 2206 Phosphor., .03 gram.  
 Extr. Gentian., 3 "  
 M. f. pill. No. 30.  
 S. 1 pill, 3 times, daily.

**Botulismus.** See Sausage Poisoning.

**Bromine and Bromine Compounds.** Symptoms: After taking large doses of the Bromides or Bromine Water, violent pains arise in the stomach and intestines, also vomiting, diarrhœa, dizziness and collapse; after the inhalation of Bromine vapors, conjunctivitis, lachrymation, coryza, salivation, feeling of suffocation, cough, Bronchitis and occasionally even Lobular Pneumonia. After a long and continued administration of large doses of the Bromine salts, slight attacks of Bromism may develop consisting of nervous depression, drowsiness, headache, coughing spells, odor of Bromine in the exhalation of the breath, diminution of sexual potency, pustular eruptions of the skin, and, in severe cases, a cachexia.



In men, there is occasionally priapism; in pregnant women, abortion occurs frequently; furthermore, headache, dizziness, a lowering of the bodily temperature and a diminution of the pulse. Collapse occurs in severe cases, also dyspnœa and convulsions (Poisoning may result from absorption by the skin of the Cantharides upon a fly-plaster).

**Therapy:** A stomach-pump or an emetic is the first indication; mucilaginous drinks (*Mixtura Gummosa*, flax-seed tea, or R 2187) are to be administered while oily remedies are to be avoided. Mustard plasters or cups are to be applied upon the epigastric and lumbar regions. For the urinary disorders, large quantities of warm tea, warm sitz-baths or tub-baths are to be prescribed. Injections of warm water into the bladder are advisable as is also the administration of Opiates, internally:

R 2208	Mixtr. gummos.,	3 v.
	Tinct. Opii simpl.,	3 ss.
S.	1 tablespoonful every hour.	

**Carbolic Acid.** Symptoms: Headache, dizziness, ringing in the ears, pallor, vomiting, irregular respiration, weakening of the pulse; in severe cases, unconsciousness; frequently, convulsions; lowering of the bodily temperature, stertorous breathing, contraction of the pupils, and weakness of the heart. The urine is for the most part of a dark-green color, nearly always contains albumen and casts and sometimes free hæmoglobin.

**Therapy:** The stomach-tube is to be carefully introduced and the stomach washed out thoroughly. Saccharated Lime is to be administered in concentrated solution, likewise Sodium Sulphate. Milk and mucilaginous drinks are to be given freely also stimulants. When indicated, artificial respiration is to be resorted to.

**Carbonic Oxide.** Symptoms: Headache, ringing in the ears, dizziness, nausea, vomiting, redness of the face, stupor, convulsions; involuntary evacuation of fæces, urine, and semen; paralysis; pulse at first accelerated, then slow and irregular; unconsciousness, and asphyxia.



**Therapy:** An abundance of fresh air is to be furnished, the head is to be elevated; also cold douching, vinegar enemata, massage, friction, strong black coffee, subcutaneous injections of ether and camphor, faradisation of the Phrenicus, artificial respiration, transfusion of defibrinated blood or a 0.6-per-cent salt-water solution.

**Chininum. Quinine.** Symptoms: Pain in the stomach, vomiting, diarrhœa, œdema of the palate, ringing in the ears, difficulty in hearing, disturbances of vision, sleepiness, hallucinations, cyanosis, abortion, hæmoglobinuria, and albuminuria.

**Therapy:** Tannic Acid (R 2188) and restoratives are to be given.

**Chlorine.** Symptoms: Feeling of oppression upon the chest, cough, dyspnœa, cyanosis; after taking chlorine-water, vomiting and pain in the stomach. When much Chlorine gas is inhaled, death may follow instantly.

**Therapy:** Inhalations of steaming water and narcotics are the first indications. When the poison has been taken into the stomach, emetics, white of eggs and milk are to be given.

**Chloralhydrate. (a) Acute Poisoning.** Symptoms: Redness of the Conjunctiva, swelling of the Epiglottis, pain in the stomach, icterus, darkening of the field of vision, even total blindness, Erythema or Vesicular Exanthema; Bronchitis, dyspnœa, dizziness, weakness of the pulse. In severe cases, there is delirium, lowering of the bodily temperature, pronounced weakness of the heart, cyanosis, interrupted respiration, and sometimes sudden collapse and death.

**Therapy:** Emetics are to be administered or the stomach-tube is to be employed. Artificial respiration, faradisation of the Phrenic Nerve and restoratives, such as Ether or Moschus are indicated according to the severity of the symptoms. The following has been highly recommended:



## R 2209

Tinct. capsic.,  
 Liqu. Ammon. anisat., āā 3j.  
 Mucilag. gumm. Arabic., 3j.  
 Aqu. font., 3 iv.  
 S. As an enema.

Also:

## R 2210

Atropin. sulph., .01 gram.  
 Aqu. dest., 10 "  
 S. 1/2 to 1 hypodermic-syr-  
 ingeful (8 to 15 min.) are  
 to be injected.

(b) **Chronic Poisoning.** Symptoms: Digestive disturbances, emaciation, swelling of the gums, formation of vesicles upon the tongue, jaundice, diarrhoea, falling out of the hair, sores upon the skin, neuralgic and muscular pains, general weakness, palpitation of the heart, anxiety, dyspnoea, albuminuria, weakmindedness.

Therapy: The Chloral hydrate is to be withdrawn and if necessary, Paraldehyde or Amyl hydrate are to be substituted. The treatment is to be symptomatic. Nutritious food, Arsenic, and warm baths are to be prescribed.

(N. B.: Chloral is not to be used when there is disease of the heart or in Delirium Tremens.)

**Chloroform.** See Ether.

**Choke Damp.** See Sewer-Gas and Carbonic-Acid poisoning.

**Chromic-Acid Salts.** Symptoms: Pain, yellowish tint and inflammatory swelling of the mucous membrane of the mouth and throat, vomiting, retention of urine, albumenuria, and hæmaturia, dizziness, dyspnoea, unconsciousness, and sometimes convulsions.

Therapy: A thorough washing out of the stomach is to take place, afterward the following:

R 2211 Magnes. carbonic., 3 iiss.  
 Aqu. font., 3 x.  
 S. To be taken in 3 portions in the course of a quarter of an hour.

Or, still better:

℞ 2212 Plumb. acetic,, gr. iij.  
 Natr. bicarbon., 5 ss.  
 M. f. pulv. div. in dos. æqu. No. 4.  
 S. 1 powder every 10 minutes.

Whereupon the stomach is to be again flushed. The further treatment of the inflammation is to be purely symptomatic.

**Cocaine.** (*a*) **Acute Poisoning.** Symptoms: Conditions of excitement, dilatation of the pupils, afterward collapse, cold sweat, small pulse, frequently convulsions.

Therapy: Inhalation of Amyl Nitrite, stimulants.

(*b*) **Chronic Poisoning.** Symptoms: Sleeplessness, anæsthesia and paræsthesia, digestive disturbances, lack of energy and marasmus.

Therapy: Gradual or sudden withdrawal of the drug can only be accomplished by undergoing treatment at some institution.

**Codein.** See Morphine.

**Colchicin. Colchicum.** Symptoms: These, ordinarily, do not set in until the lapse of several hours. They consist of burning in the mouth, retching, thirst, colic, vomiting, evacuation of rice-water-like stools which are frequently bloody, præcordial fear, dizziness, delirium, collapse, small irregular pulse, convulsions, and sometimes an eruption resembling that of Scarlet Fever.

Therapy: An emetic is to be given, also warm milk, and mucilaginous drinks; for the diarrhœa, Opium; and for the vomiting, ice. Tannin is the physiological antidote, e. g.:

℞ 2213 Acid. Tannic,, gr. lxxv.  
 Extr. Opii (aquos.), gr. iij.  
 Aqu. dest., 5 viss.  
 S. 1 tablespoonful every 5 minutes.

Stimulants are to be given for collapse.

**Coniin.** Symptoms: Burning in the throat, vomiting, pain in the stomach and intestines, dizziness, dilatation of the pupils, convulsions, difficult deglutition, sinking of the pulse and temperature, unconsciousness, labored breathing and neuralgic pains. Death results from paralysis of respiration.

Therapy: An emetic is to be given, also Tannic Acid and stimulants. The patient is to have an abundance of fresh air; artificial respiration when indicated.

**Copper Compounds.** Symptoms: Vomiting of green or bluish masses, violent thirst, pain in the epigastrium, colic, diarrhœa with at first bloody, later with black colored stools. After verdigris poisoning; swelling of the face and the eyelids, dizziness, anæsthesia, coldness of the skin, oliguria, sometimes hæmaturia, delirium, convulsions, and paralysis; after the lapse of several days, occasionally, jaundice.

Therapy: The stomach and bowels are to be emptied of their contents (avoid castor oil); whites of eggs, milk, Magnesia Usta, Limatura Ferri (iron filings), milk-sugar, animal charcoal ( $2\frac{1}{4}$  drams shaken up in 3 ounces of water) are to be given internally:

Rx 2214	Ferr. pulverat.,	3 ss.
	Sulph. sublimat.,	3 ij.
	Misce exacte, adde ad:	
	Aqu. font.,	
	Syr. simpl.,	ââ 5 x.
	S. Shake well; give a teaspoonful every 5 minutes.	

**Creosote.** See Carbolic Acid.

**Croton Oil.** Symptoms: Burning in the mouth and throat, vomiting, violent diarrhœa with pain in abdomen, stupor, dizziness, cold sweat, cyanosis, collapse, and asphyxia.

Therapy: Crushed ice is to be administered, also milk, mucilaginous drinks and Opium. Warm baths are advisable.

Rx 2215	Emuls. Amygdalin.,	3 iij.
	Tinct. Opii simpl.,	5 ss.
	S. 1 tablespoonful every half hour.	

℞ 2216	Extr. Opii (aquos),	gr. iij.
	Mncilag. gumm. Arab.,	℥ ss.
	Aqu. font.,	℥ v.
	S. In 2 enemata.	

When collapse sets in, Brandy, Ether, Camphor, and other stimulants are to be administered.

**Cuprum.** See Copper Compounds.

**Curare.** Symptoms: Paralysis of all voluntary muscles; the circulation is not disturbed. Death results from paralysis of the respiratory muscles.

Therapy: If the poison has gained an entrance into the circulation through a wound, it is to be removed by excision, irrigation, etc. For the difficult breathing, artificial respiration is to be resorted to; injections of Strychnine are highly recommended.

**Cyanide of Potash.** See Prussic Acid.

**Datura Stramonium.** See Belladonna.

**Digitalis.** Symptoms: Headache, and dizziness, nausea, vomiting, thirst, pain in the epigastrium, hiccough, colic, diarrhoea, palpitation, slowing of the pulse, coldness of the extremities, spots before the eyes, retention of urine, hallucinations, delirium; later, rapid pulse, intermittant cardiac pulsations.

Therapy: If vomiting has not already taken place, a stomach-tube or an emetic are to be employed. Tannin (℞ 2188), strong black coffee with rum, or brandy are to be administered; for the vomiting, ice and Morphia are to be given; for the pain in the epigastric region, cold applications are to be employed or a mustard plaster. Furthermore, stimulants, Ether, Camphor, or:

℞ 2217	Mosch. opt.,	gr. viiss.
	Ether sulph.,	℥ ss.
	S. 5 to 10 drops every hour.	

**Duboisin.** See Belladonna.

**Ergotine.** See Secal Cornutum

**Ether.** See Æther.

**Ferrum Sesquichloratum et Sulfuricum.** See Iron Chloride.

**Fish Poisoning. Meat Poisoning.** See Sausage Poisoning.

**Fly Fungus.** See Fungus.

**Fox Glove.** See Digitalis.

**Fungus (Toad-Stool).** Symptoms: Vomiting, diarrhœa with mucus, and bloody stools, abdominal pain, drunken-like stupor, headache, mydriasis, disturbances of vision, delirium, slow pulse, convulsions. In Moril poisoning frequently icterus and hæmoglobinuria.

Therapy: Emptying of the stomach as soon as possible, cathartics, tea, coffee, Tannin. (R 2188), stimulants. For fly-fungus poisoning, Atropine injections (R 2225) are to be given. For mushroom poisoning, diuretics. As a prophylactic procedure, the mushrooms are to be scalded with hot water several times before being eaten. The water is to be thrown away each time.

**Hemlock.** See Coniin.

**Hydrargyrum.** See Quicksilver compounds.

**Hydrochloric Acid.** Symptoms: Gastro-enteritis as is the case in Nitric-Acid poisoning. The vomited matter is mostly bloody, often yellow or yellowish-green; the mucous membrane of the mouth for the most part is cauterized; dysuria or retention of urine, often Nephritis, albumenuria and hæmaturia; pulse is small; frequently there is collapse.

Therapy: The treatment is the same as that of Nitric Acid.

**Hyoscyamus.** See Belladonna.

**Illuminating Gas.** See Carbonic Oxide.

**Iodine and Its Compounds.** Symptoms: After inhaling the fumes of Iodine the following symptoms develop; snuffing, lachrymation, cough, headache, dizziness, ringing in the ears. After the internal use of the Tincture of Iodine, burning in the mouth and throat, vomiting of dark-yellow masses, or if starch is present in the stomach, of blue masses, severe pain in the epigastric region, diarrhœa, smallness of the pulse, anuria and collapse. After large doses of Iodine salts, or from idiosyncrasies of the individual for the same, Rhinitis, dyspnoea, cough, salivation, anuria, hæmaturia and eruptions upon the skin. After a prolonged use of the Iodides, Iodism results which characterizes itself by paleness, muddy hue of the skin, emaciation, digestive disturbances, and palpitation.

Therapy: If necessary, an emetic is to be given, also starch, whites of eggs, and Magnesia. Lately, the following has been recommended:

℞ 2218    Natr. subsulphuros.,                    ʒ ss.  
               Aqu. dest.,                                ʒ viiss.  
               S.     $\frac{1}{3}$  at once, then a tablespoonful every 10 minutes.

The Gastro-enteritis is to be treated, symptomatically. Ice, Opiates, etc. being given when indicated. When collapse sets in, stimulants are to be administered, freely. In chronic poisoning, the medicament is to be suspended. The general nutrition is to be improved as much as possible.

**Iodoform.** Symptoms: Weakness, loss of appetite, headache, sleeplessness, frequently vomiting and diarrhœa, small and accelerated pulse; in severe cases, quite often psychoses and sometimes febrile symptoms, which may precede death.

Therapy: The Iodoform is to be removed from the wound and alkalies, especially the following, which has been highly recommended, administered:

℞ 2219    Kal. bicarbonic.,                    ʒ ss.  
               Aqu. dest.,                                ʒ vj.  
               S.    1 tablespoonful, every 10 minutes.

**Iron Chloride and Sulphate.** (Green Vitriol.) Symptoms: Vomiting, diarrhœa (black stools), pain in the epigastric region, prostration.

Therapy: An emetic is to be given or the stomach-tube is to be employed; milk, white of eggs, milcilaginous drinks and cathartics are to be taken internally.

**Juniperus. Savine.** Symptoms: Burning in the throat and stomach, vomiting of masses having the characteristic smell of Sabine, bloody stools and urine, vesical tenesmus, convulsions, symptoms of Perionitis and Metrorrhagia; in pregnant women, abortion.

Therapy: The poison is to be removed from the stomach as quickly as possible. The rest of the treatment is to be purely symptomatic, emollients, stimulants, etc. being prescribed. See, also, Croton Oil.

**Kali Chloricum (Chlorate of Potash).** Symptoms: Nausea, vomiting of dark-green masses, pain in the stomach, diarrhœa, icterus, grayish violet spots upon the cutaneous surface, pain in the lumbar region, oliguria or even anuria. The urine varies in intensity of color from a reddish brown to black and contains albumen and methæmoglobin; furthermore, headache, stupor, convulsions, and weak heart. In many cases, even after the lapse of a few hours from the time of taking the poison, in addition to vomiting and diarrhœa, dyspnœa, cyanosis, and collapse develop.

Therapy: The treatment is to be principally symptomatic and is to be directed against the Gastro-enteritis and collapse. Diuretics, especially Liquor Kali Acetici, are likewise indicated; also the following, when collapse sets in:

℞ 2220	Pilocarpin. muriatic.,	0.15 gram.
	Aqu. dest.,	10.0 "
	S. 1 or 2 hypodermic-syringefuls (15 to 30 min.)	
	are to be injected.	

If the urgency of the case demands, a transfusion of a .6 per cent solution of cooking-salt is to be resorted to.

**Kali Causticum. Caustic Potash.** See Alkalies.

**Lead Compounds. (a) Acute Poisoning.** Symptoms: Metallic taste; burning in the throat, œsophagus, and stomach; vomiting of grayish-white masses; occasionally, bloody stools; also colic, constipation, foetid breath, pain in the legs, dizziness, marked slowing and tension of the pulse, weakness, headache, paralysis in the extremities, unconsciousness.

Therapy: The stomach-tube is to be employed or emetics are to be given, also the whites of eggs, and milk. Purgatives are advisable. The best are Sodium Sulphate and Magnesium Sulphate:

℞ 2221	Magnes. sulph.,	℥j.
	Aqu. font.,	℥x.
S. To be taken in 2 doses within 10 minutes.		

**(b) Chronic Lead Poisoning.** As it develops from the acute or arises from the continued use of small doses of lead or constantly working in the same.

Symptoms: Sallow skin, lead-line upon the gums, digestive disturbances, slow hard pulse, loss of weight (Cachexia Saturnina), colic, constipation (rarely diarrhœa), pain in the joints, tremors, contraction of the flexor muscles, anæsthesia, paralysis of the extensors, Nephritis, delirium, Epilepsy, amaurosis.

Therapy: For its prevention, the proper sanitation is to be provided for in lead-foundries; precautions are to be taken by those working in lead. The ventilation should be of the very best; there should be waste-shafts; respirators should be worn by the workmen who should also wash and bathe themselves, frequently. Special working-clothes should be worn; eating and smoking should only take place in rooms protected from the entrance of lead in any form. Before every meal the hands and face should be thoroughly cleansed. For the affection itself, the first indication is a discontinuance of working in lead. To promote the elimination of lead from the system, diaphoretics and the Iodide of Potassium are to be given:



℞ 2222	Kal. iodat.,	℥ ss. to j.
	Aqu. font.,	℥ iij.
	Syr. simpl.,	℥ v.
	S. To be consumed in a day.	

For the attacks of colic, Opium is to be prescribed in large doses, also Chloroform, likewise Atropia :

℞ 2223	℞ 2224
Extr. Opii (aquos.), gr. ivss.	Chloroform., ʒ ss.
Sacch. alb., ʒj.	Mucilag. gumm. Arabic., ʒ ss.
M. f. pulv. div. in dos. No. 12.	Aqu. dest., ʒ iij.
S. 1 powder, 3 times, daily.	Syr. simpl., ʒ v.
	S. 1 tablespoonful every 1 or 2 hours.

℞ 2225	Atropin. Sulph.,	.01 gram.
	Aqu. dest.,	10 "
	S. 1/2 to 1 hypodermic-syringeful (8 to 15 min.) are to be injected.	

For the constipation, cathartics are to be given. Calomel, Magnes. Sulph. and Croton Oil (℞ 557) are the best. For the Arthralgias and Paralyzes, Sulphur-baths and electricity are to be employed.

**Lime.** See Alkalies.

**Lunar Caustic.** See Argentum Nitricum.

**Mercurials.** See Quick-Silver.

**Moril. Mushroom.** See Fungus.

**Morphine. Opium. (a) Acute Poisoning.** Symptoms: Dizziness, ringing in the ears, sparks before the eyes, reddened skin, itching, with or without exanthema, dryness of the mouth, profuse sweating, severe dysuria, now and then vomiting, pupils very small, gradually increasing drowsiness, stupor (often, after

preceding excitement), marked slowness and weakness of the pulse, coldness and cyanosis of the face and extremities, slowed respiration, sometimes convulsions.

Therapy: The stomach-pump is to be employed as quickly as possible (emetics are generally useless); the stomach is to be washed out with tea or coffee. Tannic Acid or decoctions containing Tannic Acid are to be administered, also analeptics, mustard plasters, cold douching, and douching with vinegar. The patient is to be kept on his feet and led around; internally, coffee, and alcohol are to be administered. [American authors recommend Permanganate of Potash.]

R 2226 Ammon. pur. liquid., 3 iiss.  
S. 2 or 3 drops in a glass of Brandy.

When the breathing is disturbed, artificial respiration is to be resorted to; a few drops of the Nitrate of Amyl are to be placed close to the mouth of the patient for inhalation; also inhalations of Oxygen-gas and faradisation of the Phrenic Nerve. The most effective antidote for Morphine is the following:

R 2227 Atropin. Sulph., gr.  $\frac{1}{3}$ .  
Aqu. dest., 3 iiss.  
S. For hypodermic injections.

(b) **Chronic Poisoning.** Symptoms: Loss of appetite, emaciation, myosis, tremor, impotency, sleeplessness, neuralgia, dragging gait, anxiety, and mental affections.

Therapy: Sudden or gradual withdrawal of the drug is to take place according to the state of the patient (under the closest supervision of the physician). It is almost impossible to carry out this treatment except in an institution. As a substitute and to mitigate the disagreeable symptoms resulting from abstinence, the occasional administration of Chloral, Bromides, or Cocaine, may be advisable, but great care is to be taken to prevent the patient from becoming addicted to the use of any one of these drugs.

**Nicotine.** See Tobacco,

**Nitric Acid.** Symptoms: Pain in the mouth, Pharynx, and stomach, vomiting for the most part of yellowish masses which are frequently mixed with blood, difficult deglutition, yellow color of the mucous membranes of mouth and Pharynx, pain in the abdomen and distension of the same, constipation, rarely diarrhoea, diminution of urine, collapse, and frequently œdema of the Glottis.

Therapy: Emetics and the stomach-tube are to be avoided; liquids are to be given freely; first water, then albumen-water soap-water, etc.; ant-acids are also to be administered. In an emergency, powdered chalk, ashes, egg-shells, etc. are to be administered until other remedies can be obtained. Afterward, solutions of Soda, Magnesia Usta in water (R 2200) as well as emollients, oatmeal, gruel, and solutions of Gum Arabic, or:

R 2228	Ol. Amygdalar. dulc.,	3 v.
	Pulv. Gumm. Arabic.,	3 iiss.
	Fiat emulsio cum.,	
	Aqu. font.,	3 viij.
	Syr. simpl.,	3 v.
	S. 1 tablespoonful every 5 minutes.	

The Gastro-enteritis is to be treated symptomatically, crushed ice and cold beverages being given whenever required. In marked dysphagia, the nourishment is to be given by enemata; narcotics are to be prescribed for the pain. If deglutition is painful, the Pharynx and upper portion of the alimentary tract are to be swabbed with solutions of Cocaine. For collapse, stimulants are to be given subcutaneously or per enemata. A tracheotomy is to be performed whenever there is an œdema of the Glottis.

**Nitrobenzol.** Symptoms: Paleness, lead-gray or livid appearance, vomiting, dullness of the senses with gradual transition to coma; pupils at first contracted, later dilated; irregular pulse, slowed breathing, lowering of temperature, bluish black colored hypostasis.

Therapy: Emetics are to be given or the stomach-pump employed; also purgatives (but oily drugs and spirits are to be

avoided); likewise, cold douching massaging the skin, artificial respiration; as a last resort, transfusion of defibrinated-blood or infusion of .6-per-cent salt-water solution.

**Nitroglycerine.** Symptoms: Burning in the throat, violent headache, redness of the face, sweating, nausea, vomiting, diarrhoea, weakness or paralysis of the muscles; breathing at first, accelerated, later, slowed and sterterous; retarded pulse.

Therapy: The poison is to be removed from the stomach and intestines; restoratives are to be administered, especially strong black coffee; Ergotine injections.

**Nux Vomica.** See Strychnine.

**Opium.** See Morphine.

**Oxalic Acid.** Symptoms: Burning in the mouth and throat, dysphagia; the mucous membrane of the mouth and throat are red and in places white; retching, vomiting (the vomited matter often bloody), pain in abdomen, anuria, or oliguria; urine contains albumen and sugar; formication and feeling of numbness in the extremities; later, paralysis; slowing of the pulse and respiration; also lowering of the temperature; dilatation of the pupils, collapse, Trismus, and Tetanus.

Therapy: The stomach-pump is to be employed. Emetics are to be avoided. Aqu. Calcis in wine-glass doses, and a Saccharate-of-Lime solution or the following are to be given internally:

℞ 2229	Calcii carbonic.,	℥j.
	Aqu. dest.,	℥ viij.
	S. One-third at once, afterward, a tablespoonful every 10 minutes.	

Instead of lime, Magnesia may be given (Magnes. Usta. in Aqu.). Or:

℞ 2230	Magnes. carbonic.,	℥ ss.
	Aqu. dest.,	℥ viij.
	S. Like the preceding.	

Symptomatic treatment of the Gastro-enteritis with ice, narcotics, cold applications, mustard plasters; for the anuria, diuretics and diaphoretics; for collapse, stimulants.

**Phosphorus.** Symptoms: After a lapse of time (generally, several hours after taking the poison), pain in the epigastrium, vomiting of phosphorescent masses that smell like garlic, marked thirst and diarrhoea, frequently accompanied with bloody, phosphorescent dejections. On the second and third day, icterus; enlargement of the liver, frequently also of the spleen; albumen and often, blood in the urine. Following this, in mild and favorable cases, remission of the symptoms; but in severe cases, renewed vomiting, headache, progressive weakness, bleeding from nose and uterus, fever, acceleration and irregularity of the pulse, tremors, paralysis of the muscles, ringing in the ears, sparks before the eyes, drowsiness, and coma. In many cases, even a few hours after taking the poison, in addition to the Gastro-enteritis, there are convulsions and unconsciousness.

Therapy: The stomach-pump is to be employed or an emetic is to be given, the best is the Sulphate of Copper:

℞ 2231	Cupr. Sulphuric.,	gr. xv.
	Aqu. font.,	℥ ij.
	S.	1 tablespoonful every 15 minutes.

If incessant vomiting sets in, the Sulphate of Copper is still to be given, but in reduced doses, or the following:

℞ 2232	Cupr. carbonic.,	gr. viiss.
	Aqu. dest.,	℥ xx.
	Spr. simpl.,	℥ v.
	S.	1 tablespoonful every half hour.

After the lapse of some hours, the Sulphate of Copper is to be again given in full doses, or some other emetic is to be taken. During the intervals, mucilaginous or alkaline drinks and stimulants are to be given. Milk and all oily and fatty medicines or foods are to be avoided under all circumstances. The following has also proven useful:

- ℞ 2233 Ol. Terebintein. crud. et vetust., ʒ iiss.  
 Mixtur. gummos., ʒ x.  
 Syr. cort. Aurant., ʒ v.  
 S. 1 tablespoonful every 15 minutes.

The action of the following is less reliable:

- ℞ 2234 Magnes. ust. in aqu., ʒj.  
 Aqu. Chlor., ʒ iv.  
 S. Like the precedeng.

(The latest treatment recommended is to wash out the stomach with a rose-red solution of Potas. Permangan. and afterward to give the same solution in tablespoonful doses.)

The rest of the treatment is sympathetic.

**Physostigmin.** See Calabar-Bean.

**Pilocarpine.** Symptoms: Salivation, diaphoresis, vomiting and purging, contraction of the pupils, irregularity of the pulse, collapse, and œdema of the lungs.

Therapy: Stimulants are to be given; the stomach-pump is to be employed (if necessary) and Atropine injections (℞ 2225) administered.

**Prussic Acid.** Symptoms: Labored, very slow respiration, slowing of the heart's action, weakening of the pulse, loss of sensibility or of consciousness, clonic and tonic convulsions, protrusions of the eyeballs, dilatation of the pupils, characteristic odor of the poison upon the breath.

Therapy: Vomiting is to be induced as soon as possible by tickling the throat with the finger or a feather. The stomach-tube is to be introduced (if near at hand). Stimulants (Ether and Camphor injections, Alcohol, etc.) are to be administered. Cold douching in warm baths or artificial respiration are to be resorted to when the urgency of the case demands. In poisoning from bitter almonds, Hydrochloric Acid is to be administered:

℞ 2235    Acid. muriatic. dilut.,                    ʒ ss.  
               Aqu. font.,                                    ʒ iij.  
               S.    A teaspoonful at a time.

**Quicksilver Compounds.** (a) **Acute Poisoning.** (Generally from Corrosive Sublimate.) Symptoms: Sour metallic taste, swelling of the lips, grayish-white coating upon the mucous membrane of the mouth and tongue, burning and feeling of constriction in the throat, vomiting of bloody mucous masses, colic, painful bloody diarrhoea, tenesmus, anuria or oliguria, albumen, often blood in the urine, small pulse, cold sweat, fainting, anæsthesia especially of the lower extremities, convulsions. If death does not occur in the first few hours, after 1 or 2 days there is severe stomatitis and fever, ulceration of the gums, Glossitis, often œdema of the Glottis.

Therapy: If vomiting has not taken place it is to be induced by tickling the Pharynx or through injections of Apomorphine. The stomach-pump is to be used with the greatest care owing to the corrosion of the Œsophagus and stomach. The principal antidotes are the white of eggs, milk, Magnes. usta. (℞ 2200), charcoal (floated on water), and sulphur-iron (℞ 2214). Furthermore, the Gastro-enteritis is to be treated with ice, narcotics, mild purgatives (Castor Oil); the tenesmus with enemata of water, cold applications, and Opium suppositories. For the resulting stomatitis, Chlorate of Potash is to be employed as a mouth-wash and gargle. Stimulants are to be given when collapse sets in.

(b) **Chronic Poisoning.** Symptoms: Pallor of the face, persistent Stomatitis with ulceration of the mucous membranes and even necrosis of the jaw, digestive disturbances, diarrhoea, nervous irritability, headache, dizziness, arthralgias, anæsthesia, and hyper-æsthesia, tremor and twitching of the various groups of muscles, especially when their movements are voluntary; Nephritis, absence of menstruation, weakness of the heart, and dyspnoea.

Therapy: As prophylactic procedures, absolute cleanliness is to be observed (especially careful cleaning of the mouth and frequent airing of the work-shops). Immediate cessation of

work with quicksilver is advisable upon the first appearance of symptoms of poisoning. When poisoning has taken place, removal from the mercurial atmosphere or stopping work is to be recommended. Warm and sulphur-baths are to be prescribed. The Iodide of Potassium (R 2222) is to be given internally. Recently, the Bromide of Potash has also been recommended. The patient is to receive nutritious food; electricity is to be tried for the tremor; the Stomatitis is to be treated with the greatest care.

**Quinine.** See Chininum.

**Sabina.** See Juniperus Sabina.

**Santonin.** Symptoms: Yellowish vision, flimmering before the eyes, dilatation of the pupils, hallucinations of smell and taste; headache, dizziness, drunken-like confusion, vomiting, staggering gait, twitching, dyspnœa, convulsions, even trismus and tetanic spasms.

Therapy: Emetics are to be given or the stomach is to be washed out, also purgatives; for the convulsions, inhalations of Chloroform or Chloral hydrate per enemata.

**Sausage Poisoning. (Meat, Fish, and Cheese Poisoning.)** Symptoms: Dryness, in the mouth, and throat, thirst, vomiting, more rarely (by meat poisoning) constipation, aphthæ, in the mouth, dirty coating and ulcerations of the tonsils and pillars of the fauces, hoarseness, hoarse cough, mydriasis, with disturbances of vision, headache, dizziness, general weakness, dryness of the skin, chilly sensations, dyspnœa, weakness of the pulse.

Therapy: Emetics and purgatives are to be prescribed, of the latter, particularly, Calomel; oily mixtures and mucilaginous drinks are to be given freely; narcotics to relieve the pain, also wine and other stimulants such as:

R 2236	Ether. sulphuric.,	3 ss.
	Aqu. dest.,	3 v.
	Tinct. Opii. simpl.,	gtt. x.
	Syr. capillor. Vener.	3 v.
	S. Tablespoonful every half hour (Schlosser.)	





**Sewer - Gas (Sulphuretted Hydrogen).** Symptoms: Dizziness, headache, nausea, fainting, general weakness, unconsciousness with cyanosis, increased frequency of the pulse, dyspnoëic sterterous breathing, albumenuria, convulsions. not rarely sudden coma followed quickly by death.

Therapy: An abundance of fresh air is to be furnished. If dejections have been swallowed, an emetic is to be given but not a metallic one. Chlorine is to be inhaled by holding in front of the mouth a cloth saturated in Chlorine water or Chloride of lime, or the following is to be given internally:

℞ 2239	Hydrogen. hyperoxydat.,	5 ss.
	Aqu. dest.,	3 iij.
	S. A teaspoonful at a time.	

Furthermore, restoratives, cold douching and ether and camphor injections; when breathing ceases or is interrupted, artificial respiration is to be resorted to, also transfusions (see Kali-Chloricum).

**Snake Poisoning.** Symptoms: Local or general according to the species of snakes. Often no other evidence except two punctures of the skin made by the fangs; sometimes there is swelling and redness at the seat of the bite, œdema of the surrounding tissue, Lymphangitis, swelling of the glands, vesicles at the site of bite or a phlegmon. The general symptoms are anxiety, trembling; fainting, later headache, dizziness, vomiting, dysphagia, diarrhœa, collapse with small and very rapid pulse, claminess of the skin, and dyspnoëa; in cases that run an unfavorable course, often bleeding at the orifices of the body; petechia, and convulsions.

Therapy: A tight ligature is to be placed above the bite; sucking, cutting out the wound, irrigation or cauterization of the same with the actual cautery or caustic potash is advisable. Injections of a 1-per-cent solution of the Permanganate of Potash in the immediate neighborhood of the wound are highly recommended; also, stimulants in the form of alcohol, ether, Ligu. Ammon. Caustic. (℞ 2194). For the vomiting, cracked ice is to be given, or Leiter's Metallic Coil or cold applications

are to be placed upon the Epigastrium. Diaphoretics are to be administered to secure a rapid elimination of the poison. The local symptoms are to be treated according to the well-established rules of surgery.

**Stramonium. Thorn-Apple.** See Belladonna.

**Strychnine.** Symptoms: At first, burning in the stomach, rarely vomiting; contraction and stiffness of the muscles, especially of the neck, light twitching at first, later after the lapse of some time, tetanic attacks (every 10 to 15 minutes) which are generally brought on by some external irritation, and accompanied with opisthotonus; contraction of all the muscles of the extremities; frequently trismus and spasms of the respiratory muscles. Between the attacks, the muscles relax, and there is a feeling of oppression with consciousness undisturbed.

Therapy: Emetics are to be given, Apomorphine is the best (the stomach-pump readily sets up tetanic attacks) Tannin (R 2188) or Iodine (R 2189, 2203,) are to be given, internally. For the Tetanus itself, Chloral is to be administered, internally (45 grains at a dose), or subcutaneously (1 or 2 hypodermic-syringefuls of a 50-per-cent solution), likewise, inhalations of Chloroform or hypodermic injections of Morphia. The following is also recommended:

R 2240	Curar.	0.06 gram.
	Aqu. dest.	10.0     "
	S. $\frac{1}{2}$ to 1 hypodermic-syringeful (7 to 15 min) is to be injected.	

Furthermore, inhalations of Amyl Nitrite or artificial respiration.

**Sublimate.** See Quicksilver Compounds.

**Sulphuretted Hydrogen.** See Sewer-Gas.

**Sulphuric Acid.** Symptoms: Cauterization of the alimentary tract, brōwn discoloration of the lips and angles of the

mouth; the mucous membrane of the mouth is white; vomiting of chocolate-brown or black masses which are frequently mixed with shreds of mucous membrane, dysphagia, violent pain in the alimentary tract extending from the mouth to the stomach, frequently hoarseness and dyspnoea, prostration and dullness of the sensorium; the urine contains blood and albumen.

Therapy: The same as for Nitric Acid.

**Tartar Emetic.** See Antimony preparations.

**Tobacco.** (*a*) **Acute Poisoning.** Symptoms: Burning in the throat, nausea, dizziness, headache, trembling, vomiting, diarrhoea, cold sweats, contraction of the pupils, great paleness of the face, anxiety, palpitation, irregular respiration, smallness of the pulse, severe abdominal pains, delirium, and convulsions.

Therapy: Tannin (R 2188) black coffee, Iodine-water (R 2189) are to be given; also stimulants, cold douching of the head, irritation of the skin; sometimes in severe cases inhalations of Amyl Nitrite and artificial respiration will become necessary.

(*b*) **Chronic Poisoning.** Symptoms: Discoloration of the teeth, chronic catarrh of the Pharynx and Larynx, digestive disorders, palpitation, arrhythmia of the pulse, stenocardial attacks, amblyopia, even amanosis, muscular tremor, convulsions, impotency, psychical disturbances.

Therapy: The use of tobacco in every form is to be forbidden. A tonic treatment is to be prescribed; a country life advised. Hydrotherapy may be highly recommended as may also the Iodide of Potassium (R 2222). Injections of Pilocarpine are to be given for the disturbances of vision.

**Vanilla.** Symptoms: Vomiting, pain in the stomach, painful often bloody diarrhoea, cramps in the legs, general weakness.

Therapy: Cracked ice, Mixtura Oleosa (or R 2228), Opium and analeptics are to be prescribed. See also Croton Oil.

**Veratrin.** Symptoms: Scratching and burning of the

throat, Œsophagus and stomach, thirst, vomiting, abdominal pains, diarrhœa, slowing of the respiration and pulse, dizziness, paleness, tremor, stiffness and weakness of the muscles; collapse.

Therapy: Tannin (R 2188) or Iodine-water are to be prescribed, Morphine and ice are to be given for the vomiting and stimulants for collapse.



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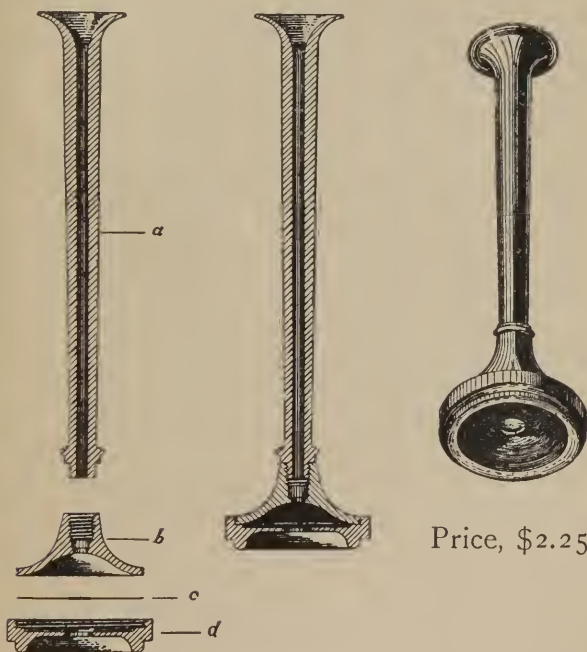
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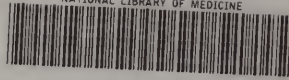
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